



EMPLOYMENT APPLICATION

SAKUMA BROTHERS PROCESSING, INC.

P.O. Box 427, BURLINGTON, WA 98233
(360) 757-6611

An Equal Opportunity Employer

We are an equal employment opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation, or any other basis protected by federal, state or local law.

Reasonable accommodation is available upon request in order to participate in the interview process.

***Required Fields**

*Position applied for: _____ Date of application: _____

*Are you seeking: Year-Round Part-time Seasonal Temporary

*Shift Desired: Day Night

*Name _____
First Middle Last

*Mailing Address _____
No. Street City State Zip

*Permanent Address _____
No. Street City State Zip

*Telephone: Home _____ Cell _____

Email: _____

*If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

*Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age)

For Driving Jobs *Only*: Do you have a valid driver's license? Yes NO

Have you had your driver's license suspended or revoked in the last 3 years? Yes NO

If yes, give details: _____

COMPANY EXPERIENCE

*Have you worked for our company before? Yes No Dates: From _____ To _____

Supervisor: _____ Position: _____

Reason for leaving the job: _____

How did you find out about the job opportunities of Sakuma Brothers Processing, Inc.? Select an option:

- Radio Facebook Flyer Work Source
 Post Card Family/Friend Website School

Other: _____

LIST OF PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

* COMPANY NAME	*DATES WORKED	POSITIONS HELD
* ADDRESS, CITY, STATE, ZIP	*FROM *TO	
* PHONE NO. ()	*DUTIES / RESPONSIBILITIES	
* TYPE OF BUSINESS		
* NAME OF SUPERVISOR	*REASON FOR LEAVING	
STARTING WAGE: _____ PER HOUR <input type="checkbox"/> YEAR <input type="checkbox"/>		
ENDING WAGE: _____ PER HOUR <input type="checkbox"/> YEAR <input type="checkbox"/>		
		*MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

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EDUCATIONAL BACKGROUND

Type of School	Name and City	Dates Attended From ____ To ____	Did You Graduate?	Course or Major
High School				
Technical School				
College/University				
Other				

SPECIAL SKILLS

*Please indicate any skills or equipment for which you have experience using or have received training:

- Forklift
 Knowledge of Office Equipment
 Mathematics Skills
 Mechanic
 Customer Service
 Computer Skills
 Quality Assurance
 Other (Specify): _____

Are you capable of performing the essential functions of the position applied for, with or without reasonable accommodation..... Yes No

PERSONAL AND PROFESSIONAL REFERENCES

*Provide three personal/professional references. Do not include family members.

Name

Phone Number

Occupation

1. _____
2. _____
3. _____

APPLICANT MUST READ AND SIGN

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all parties and persons requesting or supplying information pursuant to such investigation from all claims, liabilities and damages for any reason arising out of the furnishings of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with SBP.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post- employment drug screen as a condition of my employment, if required.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate SBP to hire me. I understand and agree that employment with SBP would be at-will, meaning that it is for no specified period and may be terminated by me or SBP at any time without prior notice or reason.

If employed, I further agree that if SBP advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any SBP property, SBP is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

I have read, understand, and by my signature consent to these statements.

*Applicant Signature

*Date

VOLUNTARY DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self- identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the box that applies

- | | | |
|---|---|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | | |