APPLICATION FOR PART-TIME, SEASONAL OR TEMPORARY EMPLOYMENT

SAKUMA BROS. PROCESSING, INC.
P.O. BOX 427, BURLINGTON, WA 98233
PHONE: 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.

Position applied for:_____ Date of application:_____

Are you seeking: Part-time ☐ Seasonal ☐ Temporary ☐ Day Shift ☐ Night Shift ☐

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)

Have you ever been convicted or pled no contest to any criminal offense? . . . . . Yes ☐ No ☐

If yes, indicate nature of offense, date, court and disposition. *(A conviction will not automatically disqualify an applicant from employment.)* _____

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:_____

LIST 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 ☐ YEAR		
ENDING WAGE: _____ PER ☐ HOUR ☐ YEAR	MAY WE CONTACT? YES ☐ NO ☐	

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	
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ENDING WAGE: _____ PER ☐ HOUR ☐ YEAR	MAY WE CONTACT? YES ☐ NO ☐	

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ENDING WAGE: _____ PER ☐ HOUR ☐ YEAR	MAY WE CONTACT? YES ☐ NO ☐	

EDUCATIONAL BACKGROUND

Type of School	Name and City	Dates Attended From____To____	Did You Graduate?	Course or Major
College				
Technical School				
High School				
Other				

SPECIAL SKILLS

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

_____

_____

_____

_____

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

PERSONAL / PROFESSIONAL REFERENCES

Provide three personal/professional references. Do not include family members or former employers.

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

- ☐ White (Not Hispanic or Latino)
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or More Races (Not Hispanic or Latino)