



ASKO PROCESSING, INC.

434 NORTH 35th • SEATTLE, WASHINGTON 98103 • (206) 634-2080 • FAX (206) 634-0631

Welcome! And Thank You for applying within the ASKO GROUP, INC.

Please print carefully and give as much information as possible. Your application will be reviewed within the next three working days, and applicants that demonstrate the best job-related qualifications will be contacted for an interview. **so sell yourself well, and be honest!**

All questions regarding the current openings within the ASKO Group may be directed to **Craig Thomas** at **(206) 634-2080.**

It is the policy of the ASKO Group, Inc , that all applicants considered as finalists for a job opening submit to a drug screening and post-offer physical examination The five categories of drugs tested for are Marijuana, Cocaine, Opiates, Phencyclidine (PCP,) and Amphetamines. Passing of these tests alone does not guarantee the applicant a job. All test results are strictly confidential and reviewed only by the authorized personnel

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years? Circle one please **(Yes or No)**

The Drug Abatement Division's objective is to ensure a fair regulatory enforcement environment If you feel that you have been treated unfairly or unprofessionally, you may contact the FAA by calling the FAA's Office of Rulemaking at (202) 267-3404 or by mailing your comments or complaints to the FAA, Office of Rulemaking, 800 Independence Ave, SW, Room 808, Washington, DC 20591 You have a right to contact the Small Business Administration's National Ombudsman at 1-888 734-3247 or www.sba.gov/ombusman regarding the fairness of the Compliance and enforcement activity of the FAA

The FAA strictly forbids retaliatory acts by its federal contractors As such, you should feel confident that you would not be penalized for expressing your concerns about the FAA's compliance enforcement activities

As a federal contractor we are required to record our employment efforts for the Office of Federal Contract Compliance Programs This information is voluntary Please indicate your gender and your race or ethnic background

Gender M/F _____ Race or Ethnic Background _____

We are further required under the International Traffic in Arms Regulation to determine citizenship status of applicants Please indicate your US Person status and be able to provide formal proof This information is **Mandatory for our compliance.**
US Citizen Y/N _____

When you are finished, please leave your application, resume or other pertinent information with the receptionist

THANKS AGAIN Craig Thomas, HR MGR The ASKO Group (EEO/AAP)

APPLICANT SIGNATURE _____ DATE _____

SOCIAL SECURITY NUMBER _____

ASKO PROCESSING COLOR TECH ASKO INDUSTRIAL REPAIR

ASKO SELECTIVE PLATING

Consent Form & Release of Liability

I, _____, authorize the verification and investigation of my employment history.

CONSENT TO INQUIRY: I authorize the Asko Group and it's representatives to verify my past and present employment with those employers I have listed below about my responsibilities, attendance, cooperation, initiative, job knowledge, and quality of work while in their employ.

AUTHORIZATION TO RELEASE INFORMATION: I authorize the release of information pertaining to my responsibilities, attendance, cooperation initiative, job knowledge, and quality of work while in the employ of the parties listed below. By this authorization, I also release those parties listed below from any and all liabilities arising from or contained in this inquiry.

Signature _____ Date _____

List your present or last employer first. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap, or other protected status.

1. _____
Employer _____ Phone _____
2. _____
Employer _____ Phone _____
3. _____
Employer _____ Phone _____
4. _____
Employer _____ Phone _____

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is. _____ AM
_____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

[REDACTED]

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone #

(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____ POSITION: _____ DATE: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law