



401 Andover Park East  
 Seattle, Washington 98188-7605  
 USA (206) 246-2010

**Drug-Free Workplace**  
**No n-Smoking Office**  
**Equal Opportunity**  
**Employer**

## EMPLOYMENT APPLICATION

*Please Print*

Applicants are considered for all positions, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Position Desired \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Rate of Pay Expected \_\_\_\_\_ Date Available \_\_\_\_\_

**Do you believe you are capable of performing the essential functions of the job for which you are applying? (If you would answer "No" to this question, is there an accommodation we could make that would allow you to successfully perform the essential functions of the job?)** \_\_\_\_\_

Referred to FTI by  Seattle Times/P.I.  Employment Security Dept.  Internet  
 World Relief  Employee Referral  Other

Are you a U.S. citizen or legally authorized to work in the U.S.?  Yes  No

(Proof of citizenship or immigration status will be required upon employment.)

Are your employment records under another name? If so, what? \_\_\_\_\_

### RECORD OF EDUCATION

School	Name and Location of School	Course of Study	Did You Graduate?	List Diploma or Degree
High	_____	_____	_____	_____
College	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____

### MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of duty \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Types of training and duty while in service \_\_\_\_\_



## EMPLOYMENT EXPERIENCE

Starting with your present or last job, list current and former employers below.  
(Include part-time, seasonal and self employment.)

**May we contact your current employer?    YES    NO**

1. Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
City, State				
Job Title				
Supervisor's Name and Title				
Reason for Leaving				
2. Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
City, State				
Job Title				
Supervisor's Name and Title				
Reason for Leaving				
3. Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
City, State				
Job Title				
Supervisor's Name and Title				
Reason for Leaving				
4. Employer	Telephone (    )	Dates Employed		Work Performed
		From	To	
Address				
City, State				
Job Title				
Supervisor's Name and Title				
Reason for Leaving				

Occasionally an application makes it difficult for an individual to adequately summarize his/her background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your full qualifications.

**AGREEMENT**

I certify that the information given by me to FTI is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with FTI's interest or those of its customer, nor will I become engaged in such activity or business if employed.

I authorize FTI to investigate information regarding my character, general reputation, credit, previous employment and similar background information. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release FTI from any liability for future reference it may provide regarding my work history at the firm.

I understand that I am required to abide by all rules and regulations of the company and that upon acceptance of employment, I will be required to sign an Invention/Confidential/Non-Competition Agreement.

If employed, I further agree that if FTI 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 firm property, the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Application remains active for 90 days.