

Metriguard Inc.
P.O. Box 399
Pullman WA 99163

Phone: (509) 332-7526
Fax: (509) 332-0485

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

APPLICATION FOR EMPLOYMENT

Last Name	First	Middle	Date:
Street Address:			Home Phone:
City, State, Zip			Business Phone:
Position desired:			
Have you ever applied for employment with us: Yes ___ No ___ If yes: Month and year _____			Pay expected:
Are you available for full-time work?			Will you work overtime if asked? Yes ___ No ___
When will you be available to begin work?			
How did you learn of our organization?			
Other special training or skills (languages, machine operation, etc.)			

GENERAL INFORMATION	YES	NO
Are you legally available for employment in this country? (Proof of U.S. citizenship or immigration status will be required upon employment.)		
Can you travel if the job requires it?		
Are you legally eligible and available for travel in foreign countries?		
Do you hold a valid drivers license?		
Do you smoke? Metriguard Inc has a no-smoking policy to protect the health of all Metriguard employees, to ensure the best health insurance benefits, and to minimize loss of productivity due to smoking-related illness. From and after Jan 1990, Metriguard Inc does not hire individuals who smoke. A non-smoker is an individual who has not smoked for at least six months prior to accepting employment at Metriguard. An employee who misrepresents his or her status regarding smoking, or who begins to smoke while employed at Metriguard is subject to dismissal.		
Have you been convicted of a felony in the last seven (7) years? If yes, Please explain below:		
(A conviction may be relevant if job related, but does not necessarily bar you from employment.)		
U.S. Military Service:	Rank:	

EDUCATION RECORD

School	Name and Address of School	Course of Study (Major)	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary			5	6	7	8	___ Yes	
							___ No	
High or equivalence			1	2	3	4	___ Yes	Date:(*)
							___ No	
							___ GPA	
College			1	2	3	4	___ Yes	Date:(*)
							___ No	
							___ GPA	
Other (Specify)			1	2	3	4	___ Yes	Date:(*)
							___ No	
							___ GPA	
Other (Specify)			1	2	3	4	___ Yes	Date:(*)
							___ No	
							___ GPA	

(*) The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age and older.

SKILLS AND QUALIFICATIONS	Please list special skills or training you have had that may qualify you for this position. Use last page for additional information.
Please explain how you can contribute to the success of Metriguard Inc.:	

EMPLOYMENT HISTORY

(Include all employers, starting with current or most recent)

CURRENT EMPLOYMENT (If currently employed) (1)					YES	NO
Are you currently employed						
If yes, may we inquire of your present employer?						
Present Employer:						
Street Address		City		State		Zip
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Current Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (2)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State		Zip
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (3)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State		Zip
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (4)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State		Zip
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (5)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State	Zip	
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (6)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State	Zip	
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (7)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State	Zip	
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

PAST EMPLOYMENT (8)					YES	NO
May we contact this reference?						
Employer (Company Name):						
Street Address		City		State	Zip	
Reference: (Name of individual to contact)				Phone No.: ()		
Period of Employment	From:	To:	Hours per Week:	Starting Salary:	Ending Salary:	
Position(s) held:						
Duties:						
Reason for leaving:						

JOB TERMINATION	YES	NO
Have you ever involuntarily left a job?		
If yes, please explain. Include dates and circumstances.		

REFERENCES				Please list three professional or work references.			
Name:			Phone:				
Relationship:							
Street Address		City		State		Zip	
Name:			Phone:				
Relationship:							
Street Address		City		State		Zip	
Name:			Phone:				
Relationship:							
Street Address		City		State		Zip	

I authorize an investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand that employment at Metriguard is "at will" and can be terminated by Metriguard Inc., or the employee at any time and that only a written agreement with an employee signed by the president of the company may modify this statement.

Date: _____

Signature: _____

Metriguard Inc. is an Affirmative Action/ Equal Opportunity employer, M/F/V/H