

# INTERNATIONAL INSPECTION Specialists in Nondestructive Examination

## APPLICATION FOR EMPLOYMENT

Please Print Legibly

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Number: ( ) \_\_\_\_\_

Position Desired: \_\_\_\_\_ Office Location: \_\_\_\_\_  
(Los Angeles, San Diego, Oakland, Oregon, Washington)

How did you hear about the company/this position (NDT.org, Smart Recruiter, referral, website, etc.):  
\_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? Yes  No   
If not, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) \_\_\_\_\_

Are you able to work at extreme heights? \_\_\_\_\_

Are you able to work in confined spaces & comfortable maneuvering through tunnels? \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? Yes  No   
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? Yes  No   
(If no, you may be required to provide authorization to work)

Have you ever worked for this company before? Yes  No   
If yes, where? \_\_\_\_\_  
Dates Employed? \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the company? Yes  No   
If yes, who and where do they work? \_\_\_\_\_

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Seattle: 3229 S. 148<sup>th</sup> Street, SeaTac, WA 98168 Phone: 206/766-8180 Fax: 206/766-8186  
Portland: 10521 N. Lombard Street, Portland, OR 97203 Phone: 503/283-2668 Fax: 503/283-7656  
Oakland: 1813 Clement Ave., Bldg 24, Alameda, CA 94501 Phone: 510/748-0964 Fax: 510/748-9874  
Los Angeles: 10600 Pioneer Blvd., Unit A, Santa Fe Springs, CA 90670 Phone: 562/944-3166 Fax: 562/944-3114  
San Diego: 2704 Transportation Ave., Unit C, National City, CA 94501 Phone: 619/512-5858 Fax: 619/512-5859



Are you available to work:      DAYS  NIGHTS  WEEKENDS  FULL TIME

If you cannot work full time, please explain: \_\_\_\_\_

### Days & Hour Available

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you presently employed? Yes  No

If yes, may we contact your employer? Yes  No

If presently employed, why are you considering leaving? \_\_\_\_\_

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? Yes  No

If yes, please explain and list offices held (omit any organizations which reflect your race, color, religion, age, sex, sexual orientation, marital status or disabilities): \_\_\_\_\_

### EDUCATION INFORMATION

	Name & Location of the School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational/Trade School				
Graduate Work				

Have you completed any special courses, seminars, and/or training that would enable you to perform the position in which you are applying? Yes  No

If yes, please describe: \_\_\_\_\_



List academic honors, extracurricular activities, offices held, etc. in high school or college (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities): \_\_\_\_\_

**EMPLOYMENT INFORMATION** (Start with your present or most recent position)

<b>Name of Employer</b>		<b>Telephone Number</b> ( )	
<b>Full Address</b> (Street, City, State, & Zip Code)		<b>Supervisor's Name &amp; Title</b>	
<b>Dates Employed:</b> <b>From</b> (Month, Date, Year)	<b>To</b> (Month, Date, Year)	<b>Rate of Beginning Pay</b>	<b>Rate of Final Pay</b>
<b>Describe the Work Performed:</b>			

<b>Name of Employer</b>		<b>Telephone Number</b> ( )	
<b>Full Address</b> (Street, City, State, & Zip Code)		<b>Supervisor's Name &amp; Title</b>	
<b>Dates Employed:</b> <b>From</b> (Month, Date, Year)	<b>To</b> (Month, Date, Year)	<b>Rate of Beginning Pay</b>	<b>Rate of Final Pay</b>
<b>Describe the Work Performed:</b>			

<b>Name of Employer</b>		<b>Telephone Number</b> ( )	
<b>Full Address</b> (Street, City, State, & Zip Code)		<b>Supervisor's Name &amp; Title</b>	
<b>Dates Employed:</b> <b>From</b> (Month, Date, Year)	<b>To</b> (Month, Date, Year)	<b>Rate of Beginning Pay</b>	<b>Rate of Final Pay</b>
<b>Describe the Work Performed:</b>			



*\*Please use an additional sheet of paper if more space is necessary\**

### PROFESSIONAL REFERENCES (Please provide at least 3)

<b>Name</b>	<b>Occupation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )

<b>Name</b>	<b>Occupation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )

<b>Name</b>	<b>Occupation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )

### PERSONAL REFERENCES (Please provide at least 3)

*References cannot be a spouse, parent, sibling, child of the individual or anyone residing in the individual's permanent residence.*

<b>Name</b>	<b>Relation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )

<b>Name</b>	<b>Relation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )

<b>Name</b>	<b>Relation</b>
<b>Full Address</b> (Street, City, State, & Zip)	<b>Email</b>
	<b>Phone Number</b> ( )



**APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATIONS, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS FO THE VIETNAM ERA.**

**IMPORTANT PLEASE READ AND SIGN:**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

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

*Do not write below this Section*

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**RESULTS**

**Hired:** Yes  No

If yes, Job Title: \_\_\_\_\_

Department/Location: \_\_\_\_\_

Date Beginning Employment: \_\_\_\_\_

Compensation: \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_