

REFA Steel Erectors Office Application for Employment

Dear Applicant,

Thank you for your interest in REFA Steel Erectors one of the most prestigious complex steel erectors in the Pacific Northwest.

Please complete the application below and email to: Kris Fix, HR Director at krisf@refainc.com



PERSONAL INFORMATION: (Please Type or Print Clearly)

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REFA Steel Erectors is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, national origin, citizenship, age, gender, sexual orientation, gender identity and gender expression, marital status, disability, protected genetic information, pregnancy, veteran/military status, as well as association with a person in a protected classification, family relationships (with limited exceptions), expunged juvenile court records, off-duty tobacco use and wage garnishments.

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Application Date:		Telephone Number:					
Last Name:		First Name:			Middle Initial:		
Present Address:							
City:		State:		Zip Code:			
Permanent Address:							
City:		State:		Zip Code:			
Position(s) you are applying for:	Date You Can Start: (DD/MM/YYYY)			Υ)			
Are You Currently Employed? Yes	No	If Yes, May We Contact	Your Employer? Yes No				
If Yes, Why Are You Considering Leaving?							
If You Have Applied to This Company Before, Please Indicate When: (DD/MM/YYYY)							
If You Have Friends or Relatives Employed by This Company, Please Provide Below Their Name(s):							
Please List Below Special Skills, Experience or Qualifications Related to The Position(s) Applied For:							
PREVIOUS EMPLOYMENT: Please Explain Any Gaps in Employment History Below and List Most Recent Employment First - (Please Type or Print Clearly)							
Name and Location	From: (DD/MM/YYY	Y) To: (DD/MM/YYYY) Posit	ion	Reason for Leaving		
Name and Location	From: (DD/MM/YYY	Y) To: (DD/MM/YYYY) Posit	ion	Reason for Leaving		
Name and Location	From: (DD/MM/YYY	Y) To: (DD/MM/YYYY) Posit	ion	Reason for Leaving		
Name and Location	From: (DD/MM/YYY	Y) To: (DD/MM/YYYY) Posit	ion	Reason for Leaving		



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EDUCATION: (Please Type or Print Clearly)						
1. Name of High School:	City:	State:				
Course of Study:	Did you Graduate? Yes	No				
Diploma or Degree:						
2. Name of College:	City:	State:				
Course of Study:	Did you Graduate? Yes	No				
Diploma or Degree:						
3. Trade / Business Professional School:	City:	State:				
Course of Study:	Did you Graduate? Yes	No				
Diploma or Degree:						
4. Other:	City:	State:				
Course of Study:	Did you Graduate? Yes	No				
Diploma or Degree:						
APPLICANTS STATEMENT: (Please Type or Print Clearly)						
I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be grounds for dismissal. Further, I understand and agree that my employment is for no definite period of time and may be terminated at any time.						
Signature:	Date:					