



Materials Testing & Consulting, Inc. (MTC) Job Application

Position applied for:	Salary Desire	d:	Date:
Name:Last First	st	Middle	
Address:			
Street	City	State	Zip
Telephone: () Day	(Night)	
Social Security #:	Verified By:		_
Do you have friends or relatives working for MTC? Y	ES NO		
Names:			
If hired, can you provide proof of your right to work in	n the United States?		
May we contact your present employer?			
Have you been convicted or released form prison for a circumstances. (A conviction record will not necessaril			years? If yes, State the

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations?

EDUCATION	Name, City, State, Zip M	ajor or Yrs. Completed	Graduated/Degree
High School		Last Grade Completed:	
College or University			
College or University			
Trade or Technical			
Please list any additional / pertine courses taken, professional organi applicable certifications:	ent educational information, special izations, registrations and		

Corporate • 777 Chrysler Drive • Burlington, WA 98233 • Phone 360.755.1990 • Fax 360.755.1980 SW Region • 2118 Black Lake Blvd. S.W.• Olympia, WA 98512 • Phone 360.534.9777 • Fax 360.534.9779 NW Region • 805 Dupont Street, Suite 5 • Bellingham, WA 98225 • Phone 360.647.6061 • Fax 360.647.8111 Kitsap Region • 5451 N.W. Newberry Hill Road, Suite 101 • Silverdale, WA 98383 • Phone/Fax 360.698.6787

Materials Testing & Consulting, Inc. Geotechnical Engineering & Consulting • Special Inspection • Materials Testing • Environmental Consulting



Employment History

In this space, account for all time for the past 10 years whether working or not. Start with the most recent employer. Include military service, and any periods of unemployment. Please provide complete names, addresses and contact information. If you were self-employed, provide firm name and one (1) business reference.

From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage	:	What did you do?
Reason for Lea	ving:	
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage	:	What did you do?
Reason for Lea	ving:	
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage	:	What did you do?
Reason for Lea	ving:	
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:		What did you do?
Reason for Lea	ving:	
From:	To:	Employer's Name, Address, Phone and Supervisor:
Salary or Wage:		What did you do?
Reason for Leaving:		

MTC does not discriminate upon any basis prohibited by applicable Federal, State or Local laws and will make reasonable accommodation for those with disabilities.

I certify that the information contained in the application is correct and to the best of my knowledge, and I understand that falsification of any information in this application in any detail is grounds for disqualification from further consideration for employment or for dismissal from employment. I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without prior notice, at any time, at the option of either the Company of myself unless otherwise mutually agreed in writing. I understand and acknowledge that no employee or representative of MTC other than the President, Vice President or Director of Operations has the authority to enter into such a written agreement for employment for any period of time or to make any agreement contrary to the foregoing. I further understand and acknowledge that there are no written, oral, collateral or implied agreements of any kind contrary to the foregoing. I agree to submit to a physical examination and/or screening if the position if required for the position I am applying for. I authorize the company, school and/or persons listed above to give any information regarding my employment, together with any information they may have about me to MTC. I hereby release these companies, schools and/or persons form any liability associated with any damage arising out of the provision of such information. I understand that I may request a copy of this application.

Name:

Signature:

Date:

Corporate • 777 Chrysler Drive • Burlington, WA 98233 • Phone 360.755.1990 • Fax 360.755.1980 SW Region • 2118 Black Lake Blvd. S.W.• Olympia, WA 98512 • Phone 360.534.9777 • Fax 360.534.9779 NW Region • 805 Dupont Street, Suite 5 • Bellingham, WA 98225 • Phone 360.647.6061 • Fax 360.647.8111 Kitsap Region • 5451 N.W. Newberry Hill Road, Suite 101 • Silverdale, WA 98383 • Phone/Fax 360.698.6787