



11320 FM 529 RD BLDG F
HOUSTON, TEXAS 77041
TEL (713) 896-1166
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Employment Application

Northwest Fastener & Supply, Inc. is an equal opportunity employer.
Reasonable accommodation will be provided as required by law.

Last Name: _____ **First Name:** _____

Middle Initial: _____ **Suffix:** _____ **Social Security #:** _____

Street Address: _____ **Apt/Unit:** _____

City: _____ **State:** _____ **Zip Code:** _____

Daytime Contact #: _____ **Evening Contact #:** _____

Position Desired: _____ **Wage/Salary Desired:** _____

If hired, can you provide evidence of legal eligibility to work in the U.S.? _____
Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Are you 18 years of age or older? _____ **Date you can begin work:** _____
 If you are under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.

Education:

Name of high school	City/State	Graduate?	GED?
Name of college or technical school	City/State	Graduate?	Degree? Major
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date.		

 List any job related skills or accomplishments, including military service.

Availability for Work:

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
From							
To							

References:

Provide three references that we can contact who are not former employers.

Name & Occupation	How do you know them and for how long?	Phone Number

Employment History:

List your previous employers from most recent to least recent.

Name of Employer	Address	City, State, Zip Code	
Supervisor	Phone Number	Wage/Salary Start	Wage/Salary End
Reason for Leaving		Start Date	End Date

Name of Employer	Address	City, State, Zip Code	
Supervisor	Phone Number	Wage/Salary Start	Wage/Salary End
Reason for Leaving		Start Date	End Date

Name of Employer	Address	City, State, Zip Code	
Supervisor	Phone Number	Wage/Salary Start	Wage/Salary End
Reason for Leaving		Start Date	End Date

May we contact current and past employers before you are offered a position? Y N

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Applicant Signature

Date (MM/DD/YYYY)

Self-Certification of COVID-19 Vaccine Status

Northwest Fastener & Supply, Inc. (hereafter, the “Company”) continues to strive to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees, their families, and those who visit our facility. For this reason, the Company is requesting that you provide us with your COVID-19 vaccination status.

For purposes of this inquiry, an individual is considered “fully vaccinated” when it has been at least two weeks since receiving the final dose, as recommended by the manufacturer, of a vaccine that has been authorized by the FDA for use in the United States, including vaccinations that have been approved pursuant to an Emergency Use Authorization.

Please note that you are required to provide accurate information about your vaccination status, or you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, the Company will assume that you are unvaccinated.

When responding to this inquiry about whether you have been vaccinated, provide no more information than is contained on a COVID-19 Vaccination Record Card (i.e., if you have been vaccinated, the provider that administered your vaccine; which vaccine you received; and date(s) on which it was administered). Please do not submit any additional medical or family history information in response to the Company’s inquiry, including a reason for deciding to be vaccinated or not to be vaccinated.

In lieu of this Self-Certification, employees may present a copy of their completed COVID-19 Vaccination Record Card. All information provided will be maintained in compliance with all applicable law.

Declaration of COVID-19 Vaccine Status

Applicant Name: _____

Vaccine Status:

Fully Vaccinated: Vaccine Manufacturer _____; Date(s) of Doses _____

Partially Vaccinated: Vaccine Manufacturer _____; Date(s) of Doses _____

Not Yet Vaccinated, but I’m willing to get vaccinated for COVID-19

Decline to Answer

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in disciplinary action, up to and including termination. By signing below, I certify that I have accurately and truthfully answered the questions above. I also understand that if I stated that I am fully vaccinated, the Company may request documentation of my vaccination status (e.g., a copy of my vaccine card).

Applicant Signature

Date (MM/DD/YYYY)