

EMPLOYMENT APPLICATION

APPLICANT DATA:

Date: _____

Position applied for: _____

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell/Other: _____ Email: _____

Date available to start: _____ Salary Required: _____

Are you over 18yrs old? Yes _____ No _____

Have you ever worked for this company? Yes _____ No _____ If yes, when? _____

Are you legally allowed to work in the United States? Yes _____ No _____

Type of Employment desired: Full time _____ Temporary _____ Seasonal _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

Who referred you to us? _____

If you require accommodation to complete the application, testing or interview process, please contact the human resource department to assist you.

EDUCATION:

Please list the schools that you have attended:

Name of School	Address	Course of Study	Degree or Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people you are not related and by whom you have not been employed.

Name: _____ Phone: () _____

Address: _____ City: _____ WA: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ WA: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From: / / To: / / Position(s) Held:

Firm: Address:

Phone: () Supervisor: Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for leaving:

Dates of Employment: From / / To / / Position(s) Held:

Firm: Address:

Phone: () Supervisor : Title:

Responsibilities:

Starting Salary and Title: Ending Salary and Title:

Reason for leaving:

May we contact this employer for a reference? Yes No

Dates of Employment: From / / To / / Position(s) Held:

Firm: Address:

Phone: () Supervisor : Title:

Responsibilities:

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No _____

Dates of Employment: From / / To / / Position(s) Held: _____

Firm: _____ Address: _____

Phone: () Supervisor : _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial or and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that the position I am applying for is at the will of the employer, unless that status is changed by a collective bargaining agreement to the contrary, either the employer or the employee may end the employment relationship at any time, with or without reason and with or without notice.

Signature of Applicant: _____ Date: _____