



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Referred By: _____
YES NO

Are you authorized to work in the U.S _____
YES NO

Do you have a current/valid WA driver's lic.? _____ License No. _____
YES NO

Have you ever worked for this company? _____ If so, when? _____

Education

High School: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Degree: _____

College: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Degree: _____

Other: _____ Address: _____
YES NO

From: _____ To: _____ Did you graduate? _____ Degree: _____

References Please list three professional references.

Full Name: _____ Relationship: _____ Years Known: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____ Years Known: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____ Years Known: _____

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Previous Employment

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Military Service

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Disclaimer and Signature

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including failure to disclose requested information, may result in my discharge. I understand that I may be required to pass a physical examination, including a drug test, before a final offer of employment is made and that the employer may require random testing after employment. By signing my name below, I consent to these procedures. Further, I understand and agree that any employment relationship with this employer is "at will" which means that the employee may resign or the employer may discharge the employee at any time, with or without cause regardless of the date of payment of my wages and salary.

Please legibly PRINT your First and Last Name:Á

Signature kÁ

Date:Á