



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.?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
Do you have a current/valid WA driver's lic.?	<input type="checkbox"/>	<input type="checkbox"/>	License No. _____
	YES	NO	
Have you ever worked for this company?	<input type="checkbox"/>	<input type="checkbox"/>	If so, when? _____
	YES	NO	
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO 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: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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:

Signature:

Date: