



P.O. Box 30618
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#TOPSIC1041Q5

APPLICATION FOR EMPLOYMENT

Please provide your current Washington State Drivers License or State ID Card and your Social Security Card with this Application.

NOTICE TO ALL APPLICANTS:

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICATION BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPURTUNITY AND WILL FULFILL OUR OBLIGATION OT THE FULLEST.

NAME LAST FIRST MIDDLE

PRESENT ADDRESS STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? Years Months

HOME PHONE NUMBER () CELL PHONE () SSN - -

POSITIONS APPLIED FOR:

WORK SCHEDULE DESIRED: FULL TIME PART TIME TEMPORARY PERMANANT

RATE OF PAY EXPECTED: TO START \$ @ 6 MO \$ @ 1 YR \$

HOW DID YOU HEAR ABOUT THIS OPENING?:

HAVE YOU WORKED WITH US BEFORE?: NO YES WHEN/HOW LONG?

PREVIOUS JOB TITLE: REASON FOR LEAVING?:

LIST ANY FRIENDS/RELATIVES WORKING WITH US NOW:

LIST ANY SPECIAL SKILLS YOU HAVE FOR POSITIONS APPLIED FOR ABOVE:

HAVE YOU EVER BEEN BONDED?: NO YES WHEN:

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS? (EXCLUDING TRAFFIC VIOLATIONS): NO YES IF YES, LIST ANY CONVICTIONS:

DO YOU HAVE ANY PHYSICAL HANDICAPS PREVENTING YOU FROM DOING CERTAIN TYPES OF WORK? NO YES IF YES, DESCRIBE HANDICAP/LIMITATIONS:

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?: NO YES

IF YES, DESCRIBE

EMPLOYMENT HISTORY: LIST IN REVERSE ORDER BEGINNING WITH PRESENT EMPLOYER

PLEASE PROVIDE THE FOLLOWING INFORMATION: EMPLOYER/COMPANY NAME, ADDRESS, CITY/STATE/ZIP AND REASON FOR LEAVING

EMPLOYER/COMPANY	POSITION/DUTIES	DATES OF EMPLOYEMENT		RATE OF PAY	
		Beginning	Ending	Starting Wage	Ending Wage
1. Address: Reason For Leaving:	Position/Duties			\$ _____ Per _____	\$ _____ Per _____

2. Address: Reason For Leaving:	Position/Duties	Beginning	Ending	Starting Wage \$ _____ Per _____	Ending Wage \$ _____ Per _____
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3. Address: Reason For Leaving:	Position/Duties	Beginning	Ending	Starting Wage \$ _____ Per _____	Ending Wage \$ _____ Per _____
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PERSONAL OR BUSINESS REFERENCES:

NAME	ADDRESS	RELATIONSHIP	PHONE #
1.			
2.			
3.			

APPLICANT: READ & SIGN BELOW

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. You are hereby authorized to conduct any investigation of my personal history and/or credit and financial records employing investigation or credit agencies or bureaus of your choice subject to the provision of the Fair Credit Reporting Act.

SIGNATURE OF APPLICANT

DATE