



Employment Application

DATE: _____

NAME (Last, First, MI): _____ PRONOUNS: _____

ADDRESS (Street Address or PO Box): _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ email: _____

Are you 18 years or older? Yes No

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

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Please describe any special job-related skills and qualifications: _____

Date available to start/end work: _____ Any days or hours you are NOT available? _____

EDUCATION

List education if it is related to the job for which you are applying.

	High School	College
School Name and Location		
Years Completed (Circle)	9 10 11 12	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

(Please Start With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: _____	NAME AND TITLE OF SUPERVISOR:

REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: _____	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: _____	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

Background Check

Your acceptance as an employee is dependent upon the results of a Background Check through the Washington State Access to Criminal History database under Revised Code of Washington (RCW) 43.43.830-43.43.845.

Please list any other names used previously:

Date of Birth: (mm/dd/yyyy) _____

Gender: _____

Have you previously been convicted of a crime and/or had findings made against you in any civil adjudicative proceeding? _____

In accordance with state law, we will provide a copy to you of the results of your background check within 10 days after our receipt of the results.

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company, which will be used to determine if I am qualified to perform the job duties for which I am applying.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Date

(Signature of Applicant)