

APPLICATION FOR EMPLOYMENT

This form complies with Federal and Washington State laws against discrimination. Please provide all information requested by printing in ink or typing.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing)	(City)	(State)	(Zip)
E-Mail Address			Other Telephone () -
			Are you legally entitled to work in the U.S.? Yes No

POSITION

Table 2

Position's Desired?	Will Accept: Part-Time _____ Full-Time _____
Have you held these position's before?	SSN
Salary Desired	Date Available

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate?	Degree & Year	Major or Subject
	From	Yes		
	To	No		
	From	Yes		
	To	No		
	From	Yes		
	To	No		

Occupational License, Certificate or Registration	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Where Issued	Expiration Date
Washington State Drivers License Number	Expiration Date	Date of Birth

Languages Read, Written or Spoken Fluently Other Than English

BACKGROUND CHECK (Circle YES or NO for your answer)

Will you allow a criminal background check? YES or NO	Will you provide a copy of your Social Security number YES or NO	Will you provide a copy of your driving record? YES or NO	Are you willing to be drug tested? YES or NO
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SPECIAL SKILLS (List all pertinent skills and equipment you can operate)

(Maximum 300 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number of Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments: