



APPLICATION FOR EMPLOYMENT

<u>NAME (last name first)</u>		<u>SOCIAL SECURITY NO.</u>		
<u>PRESENT ADDRESS</u>	<u>APT NO.</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>
<u>PERMANENT ADDRESS</u>	<u>APT NO.</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>
<u>ARE YOU 18 YRS OR OLDER? <input type="checkbox"/> Y <input type="checkbox"/> N PHONE _____</u>				

DESIRED EMPLOYMENT

<u>POSITION</u>	<u>DATE YOU CAN START</u>	<u>SALARY DESIRED</u>
<u>DO YOU HAVE ANY LIMITATIONS THAT WOULD PREVENT YOU FROM PERFORMING ANY ASSIGNED JOB DUTIES?</u>		
<u>YES <input type="checkbox"/> NO <input type="checkbox"/> - IF YES, EXPLAIN: _____</u>		
<u>ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO</u>		
<u>EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	<u>WHERE?</u>	<u>WHEN?</u>
<u>EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO</u>	<u>WHERE?</u>	<u>WHEN?</u>
<u>REASON FOR LEAVING: _____</u>		
<u>NAME OF LAST SUPERVISOR AT THIS COMPANY _____</u>		
<u>WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK IN</u>		
<u><input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER</u>		

EDUCATION

<u>SCHOOL LEVEL</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u>NO. OF YEARS</u>	<u>DID YOU</u>	<u>SUBJECTS</u>
		<u>ATTENDED</u>	<u>GRADUATE?</u>	<u>STUDIED</u>
<u>HIGH SCHOOL</u>	_____			
<u>COLLEGE</u>	_____			
<u>TRADE, BUSINESS OR</u>	_____			
<u>CORRESPONDENCE SCHOOL</u>	_____			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

FORMER EMPLOYERS

LIST BELOW LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

<u>NAME OF PRESENT OR LAST EMPLOYER</u>			
<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>STARTING DATE</u>	<u>LEAVING DATE</u>	<u>JOB TITLE</u>	
<u>WEEKLY STARTING SALARY</u>	<u>WEEKLY FINAL SALARY</u>		
<u>NAME OF SUPERVISOR</u>	<u>TITLE</u>	<u>PHONE</u>	
<u>DESCRIPTION OF WORK</u>			
<u>REASON FOR LEAVING</u>			

<u>NAME OF PREVIOUS EMPLOYER</u>			
<u>ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
<u>STARTING DATE</u>	<u>LEAVING DATE</u>	<u>JOB TITLE</u>	
<u>WEEKLY STARTING SALARY</u>	<u>WEEKLY FINAL SALARY</u>		
<u>NAME OF SUPERVISOR</u>	<u>TITLE</u>	<u>PHONE</u>	
<u>DESCRIPTION OF WORK</u>			
<u>REASON FOR LEAVING</u>			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

<u>NAME</u>	<u>PHONE NO.</u>	<u>BUSINESS</u>	<u>YEARS ACQUAINTED</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<u>HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)</u>

<u>HAVE YOU EVER FILED AN L&I CLAIM:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)</u>

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE