

Employment Application

This is a drug free workplace offering equal employment opportunities. Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, disability, citizenship status, veteran status, or any other class protected by state, county, local, or federal regulations. However, the receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

About You

Last Name: _____ First Name: _____ Middle Initial: _____

Phone Number: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

How long have you lived at your present address? _____

Previous Address: _____ How long did you live at previous address? _____

General Information

You must answer every question. If a question does not apply, put "N/A".

1. What position are you applying for? _____
2. How were you referred to us? _____
3. Have you completed an application here before? Yes No If yes, when? _____
4. Type of employment: (*check all that apply*) Full time Part time Temporary Weekends
5. Are there any days or times during the week that you are not available to work? Yes No
If yes, please list the days/times you are not available to work: _____

6. Are you willing to work overtime? Yes No Are you at least 18 years old? Yes No
7. Are you employed now? Yes No Are you on a layoff and subject to recall? Yes No
8. Why do you desire to make a change? _____
9. May we contact your present employer? Yes No
10. Are you currently seeking employment elsewhere? Yes No
11. How much time have you lost from work during the past 12 months? _____
12. Have you ever been terminated or asked to resign from a job? Yes No
13. Are you legally eligible to work in the United States? Yes No (*Proof of eligibility required upon hire.*)

(General Information continued...)

14. Have you ever been disciplined at a job for an act of violence, harassment, or discrimination? Yes No

If yes, please explain: _____

15. Do you have steady transportation to and from work? Yes No What type? _____

16. Do you have a valid Washington State Driver's License? Yes No

17. Have you been convicted of any traffic violation(s) within the last five years? Yes No

If yes, give date(s) and explanation of each: _____

18. Have you ever been charged of or have you ever received a sentence for a crime(s) other than a minor traffic violation? (answering yes is not an automatic bar to employment) Yes No

If yes, for each, list type of charge/conviction/sentence, date of the offense, court, place where the offense occurred, and outcome. Also include any charge for which you went through a deferment program. _____

19. Why do you want to work here? _____

20. What three things are most important to you in a job? 1) _____ 2) _____ 3) _____

21. What type of work do you enjoy most? _____

Special Skills and Qualifications

1. What three adjectives best describe you? 1) _____ 2) _____ 3) _____

2. List any professional, trade, business, or civic activities or offices held that would relate to the work here:

3. List any other special skills, training, or experiences that might help you qualify for this job:

4. What languages do you speak, read, and/or write fluently? _____

Work History

On the following page, begin by listing your most recent job first. Include any gaps in employment, with a full explanation and dates for the gap. Please provide a complete work history for a minimum of 15 years, if applicable.

Dates Employed: From (month/year) _____ To (month/year) _____

Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Job Title: _____ Hourly Rate/Salary: Starting _____ Final _____

Summary of Work Performed and Job Responsibilities: _____

___ Resigned ___ Terminated State Reason: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Job Title: _____ Hourly Rate/Salary: Starting _____ Final _____

Summary of Work Performed and Job Responsibilities: _____

___ Resigned ___ Terminated State Reason: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Job Title: _____ Hourly Rate/Salary: Starting _____ Final _____

Summary of Work Performed and Job Responsibilities: _____

___ Resigned ___ Terminated State Reason: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Job Title: _____ Hourly Rate/Salary: Starting _____ Final _____

Summary of Work Performed and Job Responsibilities: _____

___ Resigned ___ Terminated State Reason: _____

Dates Employed: From (month/year) _____ To (month/year) _____

Employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Supervisor's Name: _____

Job Title: _____ Hourly Rate/Salary: Starting _____ Final _____

Summary of Work Performed and Job Responsibilities: _____

___ Resigned ___ Terminated State Reason: _____

Educational Background

Schooling	Name of School and Location	Years Completed	Course of study	Did you Graduate?
Grammar or High School				__Yes __No
Trade, Business, or Correspondence				__Yes __No
College				__Yes __No Degree:
Graduate School				__Yes __No Degree:

Military Service Record

Branch of Service: _____ Rank at discharge, if applicable: _____

List duties and special training: _____

References

Do not list relatives or former employers listed above.

Name: _____	How does he/she know you? _____
Phone: _____	Address: _____
Name: _____	How does he/she know you? _____
Phone: _____	Address: _____
Name: _____	How does he/she know you? _____
Phone: _____	Address: _____

Agreement and Release

For the purpose of this agreement and release, the organization that has provided you with this application is referred to as “the company”, “this company”, or “you”. The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice.

You are also authorized to administer personality profile tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment, and I agree to submit to a medical evaluation, if required. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents), my past and/or present employers (their directors, officers, employees, and agents), and references from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

I understand that if my application is accepted that employment with this company at all times is employment “at will”. It is further understood that this “at will” relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my “at will” employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 60 days of employment is a new-hire introductory period.

Signature of Applicant: _____

Date: _____

Completed applications may be mailed to:

1910 East 4th Ave PMB 132
Olympia, WA 98506-4632

Questions? Give us a call at:

(360) 456-4999