

Application for Employment

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, national origin, age, or the presence of a non-job-related handicap. *This application form approved by Washington State Human Rights Commission, October, 1988.*

Please print and complete all questions

DATE _____

NAME		Last	First	Middle	Date	Social Security Number		
PRESENT ADDRESS		Street	City	State	Zip	No. Years	Phone Number(s) Res. _____ Bus. _____	
Birthdate	Referred by		Reason you applied here					
Position for which you are applying			Second choice		Date available	Salary expected		
Circle each of the following you are willing to work:		Days	Nights	Saturdays	Can you provide proof of citizenship, Visa or alien registration number if you are hired?			
		Sundays	Holidays	Temporary	Yes	No		
Is there anything that would prevent you from being lawfully employed in the U.S.? Yes _____ No _____ If yes, please explain:								
SKILLS AND QUALIFICATIONS		Typing	WPM _____	Order Control	Checker	Have you ever been bonded?		
Circle each of the following which pertain to you:		Bookkeeping		Pricing	Box Helper	Yes	No	
		10 Key		Management	Grocery	Have you ever been refused bond? Yes _____ No _____		
List any other skills, qualifications, or activities which should be considered:				What are your hobbies?				
List any relatives working here:				List the names of any relatives or friends employed by a competitor and their place of employment:				
Have you worked for this company or a competitor under a different name? Yes _____ No _____ If so, what name and when?				Have you ever been discharged or asked to resign from any position? Yes _____ No _____ Date _____				
Have you ever been convicted of a felony or misdemeanor relating to theft or embezzlement during the last seven years? Yes _____ No _____ If so, explain:								
What method of transportation will you use to get to work?		Driving distance to work: Miles _____ Time _____		Please list your driver's license number and state. (Answer only if operating a motor vehicle is a requirement of the job for which you are applying)				
EDUCATION		NAME AND ADDRESS		DATES	MAJOR	GRADUATE?	GPA	DEGREE
Circle highest grade completed:		High School						
1 2 3 4 5 6 7 8 9 10 11 12		College						
College: 1 2 3 4 5 6 7 8		Other						
U.S. MILITARY SERVICE		Branch of Service	Date and Rank at Discharge	List duties pertaining to job for which you are applying:				
ate(s) of Service								

IN CASE OF EMERGENCY, NOTIFY:

Name	Address	Phone	Relationship	Do references or employers know you by any other name? Yes No If so, what name?
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REFERENCES other than relatives or former employers

Name	Address	Phone	Occupation	Years Known

EMPLOYMENT RECORD (List last position first and account for all time during last six years)

From:	To:	Employer	Phone:	Job Duties:
Job Title:	Address			
Supervisor:	Type of business			
Starting Rate:	Final Rate:	Reason for leaving		
From:	To:	Employer	Phone:	Job Duties:
Job Title:	Address			
Supervisor:	Type of business			
Starting Rate:	Final Rate:	Reason for leaving		
From:	To:	Employer	Phone:	Job Duties:
Job Title:	Address			
Supervisor:	Type of business			
Starting Rate:	Final Rate:	Reason for leaving		
From:	To:	Employer	Phone:	Job Duties:
Job Title:	Address			
Supervisor:	Type of business			
Starting Rate:	Final Rate:	Reason for leaving		
From:	To:	Employer	Phone:	Job Duties:
Job Title:	Address			
Supervisor:	Type of business			
Starting Rate:	Final Rate:	Reason for leaving		

Do not write below this line

COMMENTS:

Interviewed by	Ref. Checks	Date Hired	Status: Reg. F/T	Reg. P/T	Temp	Evaluation by: Rating 1-5
		Report Date	Job Title			
		Dept.	Rate	Shift		
		Supervisor	Payroll			