

**PLEASE PRINT THIS APPLICATION BEFORE FILLING OUT.
DRUG FREE WORKPLACE**



**phone: 360-753-0057 fax: 360-956-3109
5232 Joppa St. SW, Tumwater, WA 98512**

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(S) applied for: _____ Date of application _____
 Name _____ Social Security # _____
Last First Middle
 Address _____
Street City State Zip
 Telephone _____ Mobile/Beeper/Other _____ E-mail Address _____
 Referral Source (How did you hear about us?) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If **No**, please explain _____

Have you ever been employed here before? Yes No

If **Yes**, give dates and positions _____

Are you legally eligible for employment in this country? Yes No

Date available for work _____ What is your desired salary range? \$ _____

Type of employment desired? Full-Time Part-Time Temporary Seasonal Educational Co-Op

Driver's license number (if driving may be required in position for which you are applying). _____ State _____

Answering "Yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into consideration.

In the past 10 years have you pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **Yes**, please provide date(s) & details _____

FULL EMPLOYMENT HISTORY - DETAIL ANY EMPLOYMENT GAPS - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Starting with your most recent employer, provide the following information: (use additional sheets if necessary to provide a complete work history)

Employer	Telephone # ()	Date employed from:	to:
Street Address	City	Compensation (Starting)	
Starting job title / final job title	State	Hourly	Salary \$ per
Immediate supervisor and title (for most recent position held)		Commission/Bonus/Other Compensation \$	
Why did you leave?		Compensation (Final)	
May we contact for reference? Yes No Later		Hourly	Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$	
What did you like most about your position?			
What did you like least about your position?			

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Skills and Qualifications

Summarize any special training, skills, licenses, and / or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years _____ E-mail _____ Years _____
 Spreadsheet _____ Years _____ Internet _____ Years _____
 Presentation _____ Years _____ Other _____ Years _____

Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City & State)	Years Completed	Completed	GPA Class	Major / Minor
School: ----- City & State:		Diploma _____ GED _____ Degree _____ Certificate _____ Other _____		
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REFERENCES

List names and telephone numbers of three (3) business or work references who are **NOT** related to you and are **NOT** previous supervisors. If applicable, list three (3) school or personal references who are **NOT** related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary, and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____