



1290 Walnut St
Kelso, WA 98626
Phone: 360-425-0602
Fax: 360-425-0629

Employment Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

Personal Information:

First Name _____ MI _____ Last Name _____

Street Address _____

City, State, Zip Code _____

Phone Number (____) _____ Cell Phone Number (____) _____

Email _____

Emergency contact (name, relationship, phone number) _____

Are you eligible to work in the United States? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please explain: _____

Position/Availability:

Position Applied For _____

What date are you available to start work? _____

Education:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards:

First Aid Certification [] yes [] no If yes, expiration date _____

Pilot Car Certification [] yes [] no If yes, expiration date _____

Employment History:

Present Or Last Position:

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

Previous Position:

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____

References: Name/Title Address Phone

1. _____

2. _____

3. _____

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____