

TO BE COMPLETED BY HIRING MANAGER

DATE OF APPLICATION	_____
LOCATION #	_____
POSITION	_____
JOB CODE	_____
EMPLOYEE NUMBER	_____
PAY RATE	_____
STATUS FT/PT/OS	_____

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name	_____	Date	_____
Address	_____		
Phone Number	_____	Alt. Phone Number	_____
		Date available for work	_____
e-mail address	_____		
Have you previously worked for the Company?	<input type="radio"/> Yes <input type="radio"/> No	If yes when	_____
		Where	_____
Are you legally authorized to work in the United States?	<input type="radio"/> Yes <input type="radio"/> No	If hired, verification will be required consistent with federal law.	
Are you under the age of 18?	<input type="radio"/> Yes <input type="radio"/> No		
If under the age 18, please state your age:	_____	The primary reason for this question is to address any child labor laws.	

POSITION INFORMATION

Position applied for?	_____	Hourly wage expected (required)	_____
Applying for:	<input type="radio"/> Full-time	<input type="radio"/> Part-time	<input type="radio"/> Seasonal

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent	<input style="width: 95%;" type="text"/>	9 10 11 12/GED <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
College or University	<input style="width: 95%;" type="text"/>	1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Vocational or Trade School	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Graduate School	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Other (including military training)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

List any work-related certifications or licenses you currently possess:

BACKGROUND INFORMATION

Do you have any previous commitments that would require you to leave early or miss work? Yes No

If yes, please explain:

Have you ever been discharged, suspended or asked to resign from any position? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No

Washington Applicants: Answer "Yes" only if the conviction was within the last 10 years.

If you checked "Yes," please explain below. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

PROFESSIONAL REFERENCES

List four professional references (other than those listed as current/former supervisor) whom we may contact:

Name	<input type="text"/>	e-mail	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	e-mail	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	e-mail	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>
Name	<input type="text"/>	e-mail	<input type="text"/>	Phone	<input type="text"/>	Relation	<input type="text"/>

EMPLOYMENT RECORD

List all employment experience for the past 10 years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

Current Employer Phone

Geographic Location From To

Your Position

Supervisors Name & Title May we contact? Yes No

If not, why?

Primary Responsibilities

Reason for Leaving

Employer Phone

Geographic Location From To

Your Position

Supervisors Name & Title

Primary Responsibilities

Reason for Leaving

Employer Phone

Geographic Location From To

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Employer Phone

Geographic Location From To

Your Position

Supervisors Name & Title

Primary Responsibilities

Reason for Leaving

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment. (You may exclude any activities that would reveal any classification protected by federal, state, and local laws and ordinances, including, but not limited to, race, color, or religious belief.)

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.	Initials <input type="checkbox"/>
I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.	Initials <input type="checkbox"/>
I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.	Initials <input type="checkbox"/>
I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.	Initials <input type="checkbox"/>
I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.	Initials <input type="checkbox"/>
I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by an Owner of the Company.	Initials <input type="checkbox"/>
I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.	Initials <input type="checkbox"/>
I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.	Initials <input type="checkbox"/>
MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE WITH THE ABOVE STATEMENTS. I UNDERSTAND THAT BY PUSHING THE "SUBMIT BY EMIL" BUTTON I WILL BE AFFIRMING ALL STATEMENTS IN THIS APPLICATION JUST AS IF I HAD SIGNED AND TRANSMITTED AN ORIGINAL HARD COPY OF THIS DOCUMENT. I AGREE TO BE BOUND BY THIS AFFIRMATION.	
Please type your name here as signature: <input type="text"/>	
MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.	
Applicant's signature _____ Date _____	

COMPANY USE ONLY

Interview #1 Signature _____	Date _____
Interview #2 Signature _____	Date _____