

APPLICATION FOR EMPLOYMENT

This form is being provided by WorkSource Washington. The form complies with state and federal laws against discrimination, however employers using this form should check local ordinances. WorkSource Washington and Employment Security Department will not accept responsibility for the misuse of information provided on this form.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application may be considered sufficient cause for termination.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Number & Street)	(City)	(State)	(Zip) Other Telephone
E-mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Names of relatives employed by this company			
Person(s) to contact in case of emergency (Include Name and Phone Number)			

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Part-Time <input type="checkbox"/> Swing Shift <input type="checkbox"/> Temporary <input type="checkbox"/> Graveyard Shift <input type="checkbox"/> Rotating Shift
Salary Desired	
Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available: _____	

EDUCATION AND TRAINING

High School Graduate or General Education Test Passed? Yes No

If no, list the highest grade completed _____

List Below College, Business School, Military, Etc. (Most recent first)

Name And Location	Dates Attended Month/Year	Credits Earned			Grad. Yes/No	Degree Year	Major Or Subject Taken
		Quarter Hours	Semester Hours	Other			

License, Certificate Or Registrations	Number	Where Issued	Date Of Issue	Expiration Date

Languages Read, Written Or Spoken Fluently Other Than English

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

VETERAN INFORMATION

Branch Of Service	Date Of Entry	Date Of Discharge
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WORK EXPERIENCE (Include voluntary work and military experience)

Employer	Telephone Number	From (Mo./Year)
Address		
Your Title	Number of Employees Supervised	To (Mo./Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number	From (Mo./Year)
Address		
Your Title	Number of Employees Supervised	To (Mo./Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number	From (Mo./Year)
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Your Title	Number of Employees Supervised	To (Mo./Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

I swear all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Signature Of Applicant _____ **Date** _____

Interviewers Comments: