



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER (WAC 162-12-140)

APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

EDUCATION

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES ☐ NO ☐ Degree: \_\_\_\_\_

MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

SPECIAL SKILLS

Skills: \_\_\_\_\_

Training: \_\_\_\_\_

PROFESSIONAL REFERENCES

Full Name: _____	Relationship: _____
Company/City: _____	Phone: _____
Full Name: _____	Relationship: _____
Company/City: _____	Phone: _____
Full Name: _____	Relationship: _____
Company/City: _____	Phone: _____

PREVIOUS EMPLOYMENT

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____	
From: _____	To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements made herein and release all parties from any liability that may be a resulting factor. I understand and agree that, if hired, my employment is "at-will."*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_