APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)		(First)				(Mic	Idle Initial)	Hor (ne Telephone) -	
Address (Mailing Address)		(City)			(Stat	e) (Zip)		Oth (er Telephone) -	
E-Mail Address			Are y	ou legall	y entitled	o work in	the U.S.?	∐ Ye	es 🗌 No	
POSITION										
Position Or Type Of Employment Desired						Will Accept: S Part-Time [Full-Time [Temporary [Shi	Shift: Day Swing	
Are you able to perform the essential functions of the job without reasonable accommodation?			you are applying for, with or						Graveyard Rotating	
Salary Desired	Date			ite Available						
EDUCATION AND TRAINING										
High School Graduate Or General Edu If no, list the highest grade completed	ucation (GED) Tes	t Passed?	ו 🗌 י	/es 🗌 N	10					
College, Business School, M	ilitary (Most red									
Name and Location	Dates Attended Month/Year	Quarter Semes Hour	ly or ster	Earned Othe (Spec		Graduate	Degre & Yea		Major or Subject	
	From To] Yes] No				
	From				[Yes				
	То					No				
	From				[Yes				
	То					_ No				
	From				[Yes				
	То					No				
Occupational License, Certificate or Reg	gistration	Number		'	Where Issu	ied			Expiration Date	
Occupational License, Certificate or Registration		Number W		Vhere Issued				Expiration Date		
Occupational License, Certificate or Registration			Number W		Where Issued				Expiration Date	
Languages Read, Written or Spoken Flu	ently Other Than E	nglish		I						
VETERAN INFORMATION (Mos	st recent)									
Branch of Service			Date of Entr			iry	Date of Discharge		Discharge	
SPECIAL SKILLS (List all pertine	nt skills and equi	pment th	at you	ı can ope	erate)		•			

(Maximum 1000 characters)

WORK Source Washington

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

	Telephone Number () -	From (Month/Year)
Employer Address) -	
Job Title	Number Employees Sun	anvioad	To (Month/Year)
Specific Duties (Maximum 1000 characters)	Number Employees Sup	ervised	
opeene Duites (maximum 1000 characters)			Hours Per Week
			Hours Per week
			Supervisor
		-	
Reason For Leaving		May We Contact This E	Employer? 🗌 Yes 🗌 No
Employer	Telephone Number () -	From (Month/Year)
Address	· · ·		
Job Title	Number Employees Sup	ervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)			-
			Hours Per Week
			Supervisor
			Supervisor
Reason For Leaving		May We Contact This E	
Employer	Telephone Number () -	From (Month/Year)
Address			T (11 (1 0))
Job Title	Number Employees Sup	ervised	To (Month/Year)
	Number Employees Sup	ervised	
Job Title	Number Employees Sup	ervised	To (Month/Year) Hours Per Week
Job Title	Number Employees Sup	ervised	
Job Title	Number Employees Sup	ervised	
Job Title	Number Employees Sup	ervised	
Job Title	Number Employees Sup	ervised	
Job Title	Number Employees Sup	ervised	Hours Per Week
Job Title	Number Employees Sup	1	Hours Per Week
Job Title Specific Duties (Maximum 1000 characters)	Number Employees Sup	1	Hours Per Week Supervisor
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving		May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title		May We Contact This E	Hours Per Week Supervisor mployer? Yes No
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year) To (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year) To (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year) To (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor From (Month/Year) To (Month/Year) Hours Per Week
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E	Hours Per Week Supervisor mployer? Yes No From (Month/Year) To (Month/Year)
Job Title Specific Duties (Maximum 1000 characters) Reason For Leaving Employer Address Job Title	Telephone Number (May We Contact This E) - ervised	Hours Per Week Supervisor From (Month/Year) To (Month/Year) Hours Per Week

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant_

_____ Date_____

Interviewer's Comments:

WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services. Auxiliary aids and services are available to persons with disabilities upon request.