

APPLICATION FOR EMPLOYMENT

This form is provided to employers by Washington State Employment Security. The form complies with state and federal laws against discrimination in employment, however, employers using this form should check local ordinances. The Employment Security Department does not accept responsibility for the misuse of information provided on this form by parties other than the department.

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

Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled or Vietnam-era veteran.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ()
Address (Number & Street)	(City)	(State)	(Zip)
Other Telephone ()	Are you legally entitled to work in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security #		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"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Graveyard Shift <input type="checkbox"/> Rotating Shift
Will you be able to perform the duties of the position for which you are applying with, or with out 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, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

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 Registration	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

WORK EXPERIENCE (Include voluntary work and military experience.)

Employer	Telephone Number	From (Mo./Year)
Address		
Your Title	Number 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 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 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 _____

Interviewer's Comments:
