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)			(Middle Initial		Home Telephone		
Address (Mailing Address)		(City)			(State)	(Zip)		Other Teler	phone
			-					()	-
E-Mail Address Are you legally entitled to work in the U.S.? Yes No							No		
POSITION									
Position Or Type Of Employment Desired			v			Will Accept:ShifPart-Time			
Are you able to perform the essential functions of the job without reasonable accommodation? Yes No			you are applying for, with or			Full-Time Swing Temporary Graveyard			
Salary Desired	Date			Available					
EDUCATION AND TRAINING									
High School Graduate Or General Edu If no, list the highest grade completed	ucation (GED) Test	t Passed	? 🗌 `	Yes 🗌 No					
College, Business School, M	ilitary (Most red	ent firs	t)						
	Dates			s Earned			Dograa		Major
Name and Location	Attended Month/Year	Quarter Semes Hour	ster	Other (Specify)	Gra		Degree & Year		Major Subject
	From					Yes			
	То					No			
	From					Yes			
	То					No			
	From					Yes			
	То					No			
	From					Yes			
	То					No			
Occupational License, Certificate or Registration		Number Whe		re Issued			Expira	tion Date	
Occupational License, Certificate or Registration		Number V		Whe	Where Issued			Expira	tion Date
Occupational License, Certificate or Registration		Number Wh		nere Issued			Expira	tion Date	
Languages Read, Written or Spoken Flu	ently Other Than Er	nglish						I	
VETERAN INFORMATION (MG	ost recent)		<u>.</u>						
Branch of Service			Date		e of Entry		Dat	Date of Discharge	
SPECIAL SKILLS (List all pertin	ent skills and equ	uipment	that y	ou can opera	ate)		I		
(Maximum 1000 characters)									



WORK EXPERIENCE (Most Recent First) (Include volu		kperience)	
Employer	Telephone Number () -	From (Month/Year)
Address			
Job Title	Number Employees Sup	ervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)			
			Hours Per Week
			Loot Solom/
			Last Salary
			Supervisor
Reason For Leaving		May We Contact This E	mployer? 🗌 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
			Last Salary
			Last Salary
			Supervisor
		1	
Reason For Leaving		May We Contact This E	mployer? 🗌 Yes 🗌 No
		.,	
Employer	Telephone Number () -	From (Month/Year)
	Telephone Number (,	
Employer Address Job Title	Telephone Number() -	
Employer Address	· · · ·) -	From (Month/Year)
Employer Address Job Title	· · · ·) -	From (Month/Year)
Employer Address Job Title	· · · ·) -	From (Month/Year) To (Month/Year)
Employer Address Job Title	· · · ·) -	From (Month/Year) To (Month/Year) Hours Per Week
Employer Address Job Title	· · · ·) -	From (Month/Year) To (Month/Year)
Employer Address Job Title	· · · ·) -	From (Month/Year) To (Month/Year) Hours Per Week Last Salary
Employer Address Job Title	· · · ·) -	From (Month/Year) To (Month/Year) Hours Per Week
Employer Address Job Title Specific Duties (Maximum 1000 characters)	· · · ·) -	From (Month/Year) To (Month/Year) Hours Per Week Last Salary Supervisor
Employer Address Job Title	Number Employees Sup) -	From (Month/Year) To (Month/Year) Hours Per Week Last Salary Supervisor mployer? Yes No
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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.