

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 Telephone () - |
| E-Mail Address | | Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

POSITION

| | | |
|---|---|--|
| Position Or Type Of Employment Desired | Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary | Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating |
| 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 | | |
| Salary Desired | Date Available | |

EDUCATION AND TRAINING

| High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed | | | | | | |
|--|------------------------------|-----------------------------|-----------------|------------------------------|-----------------|------------------|
| College, Business School, Military (Most recent first) | | | | | | |
| Name and Location | Dates Attended Month/Year | Credits Earned | | Graduate | Degree & Year | Major or Subject |
| | | Quarterly or Semester Hours | Other (Specify) | | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| Occupational License, Certificate or Registration | | Number | Where Issued | | Expiration Date | |
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| Languages Read, Written or Spoken Fluently Other Than English | | | | | | |

VETERAN INFORMATION (Most recent)

| | | |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

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

| |
|--------------------------|
| (Maximum 300 characters) |
|--------------------------|

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

| | | |
|--|-----------------------------|--------------------|
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
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| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 350 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |

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:

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