EMPLOYMENT APPLICATION FOR	Last Name	First Name Initial	Date of Application Application Number					
	Street Address	City	State ZIP					
	Residence Phone Number	Cell Phone No.	Social Security Number					
EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion. age, sex, marital or veteran status, national origin, ancestry, disability, onthe-job injuries, union affiliation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.		Position(s) Applied For 1 2	Date Available:					
Referred By (Check and indicate name) [] Newspaper [] Employee [] On My Own [] School [] Agency [] Other Name of Source:	Have you ever worked for us before? [] Yes [] No Where? When?	Are you available for work every day of the week? (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) [] Yes [] No Check shifts you can work: [] Days [] Swing [] Graveyard [] Rotating	Are you authorized to accept employment in the United States? (Successful applicants will be required to prove identity and eligibility for employment.) [] Yes [] No Are you 18 years of age or older? [] Yes [] No					
RELATIVES/FRIENDS: Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives/friends are eligible for employment except in those unusual situations (for example, where they would be placed in a supervisor-subordinate relationship). Do you have any relatives or friends (such as roommates) who currently work for us? [] Yes [] No If yes, please state his/her name(s)								
QUALIFICATIONS: Please list ALL education, training and/or specialized experience (such as schools; colleges; degrees; licens es; vocational, technical, or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying: DEGREES, LICENSE, RELEVENT EDUCATION OR TRAINING: WHERE AND WHEN DID YOU ACQUIRE IT? (Name and address of school, program, military branch and specialty, etc.):								
CRIMINAL RECORD: (Conviction or a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.) (WASHINGTON APPLICANTS: Do <u>not</u> list any conviction for which the date of conviction or prison release, whichever is more recent, is more than seven years old.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any crime other than traffic violations? [] Yes [] No If yes, give details:								
DRIVING POSITIONS: If the position applied for involves driving, have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any traffic violations in the past three years? [] Yes [] No If yes, give details: Do you have a valid WA state drivers license? [] Yes [] No Do you have a valid WA state drivers license? [] Yes [] No								
IN CASE OF EMERGENCY NOTIFY: Name		Address:	Telephone No.:					

This application is null and void 30 days after receipt. Only original applications considered.

EMPLOYMENT EXPERIENCE: Please account for <u>ALL</u> periods of empl	oyment, including	any self-emp	loyment, other fields of e	endeavor and U.S.	. military service. Attach sheet if more sp	ace is needed.
Present or Last Employer	Phone	Hire Date		Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/	Job Duties		Reason for Leaving	
Previous Employer	Phone	Hire Date	<u> </u>	Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties			Reason for Leaving	
Previous Employer	Phone	Hire Date Date Left		Date Left	Starting Pay	Final Pay
Address	Supervisor	Job Title/Job Duties			Reason for Leaving	
Previous Employer	Phone	Hire Date Date Left		Starting Pay	Final Pay	
Address	Supervisor	Job Title/Job Duties		Reason for Leaving		
Previous Employer	Phone	Hire Date Date Left		Starting Pay	Final Pay	
Address	Supervisor	Job Title/Job Duties		Reason for Leaving		
VERIFICATION AND SIGNATURE:			4 Lunderstand that Lm	av resian or he te	erminated without cause or notice, at any	time unless otherwise
1. I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation. 2. I certify that the facts and information in this application and in any attachments or supporting			4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that is the only person who will ever have the authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wage, hours, and working conditions) as it deems appropriate.			
documents are true and complete to the best of my knowledge. I unders misrepresentation or omission, as well as any misleading statements or result in denial of employment or immediate termination, regardless or walso understand that providing information other than that requested on the disqualification of this application.	 5. I authorize and its designated agents and representative to conduct a comprehensive review of my background causing a consumer report and or an investigative consumer report to be generated for employment purposes. 6. This original application for employment will only be considered for 30 days. 					
3. I understand that I may be required to submit to employment physical examinations, medical inquiries and/or urinalysis tests for the presence agree to such examinations, inquiries and/or testing at the Company's e.	7. I have read each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.					
of the results to the Company and their use to evaluate my suitability for the Company from all liability arising out of or connected with any exami	employment. I als	o release		[]Yes	[] No	
the Company from all liability arising out of or connected with any examit testing.	nations, inquines a	ai iu/Ui	Signature		Date	. <u></u>