

# 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

<b>Name (Last)</b>	<b>(First)</b>	<b>(Middle Initial)</b>	<b>Home Telephone</b> ( ) -	
<b>Address (Mailing Address)</b>	<b>(City)</b>	<b>(State)</b>	<b>(Zip)</b>	<b>Other Telephone</b> ( ) -
<b>E-Mail Address</b>		Are you legally entitled to work in the U.S.? Yes No		

## POSITION

<b>Position Or Type Of Employment Desired</b>	<b>Will Accept:</b> Part-Time Full-Time Temporary	<b>Shift:</b> Day Swing Graveyard Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
<b>Salary Desired</b>	<b>Date Available</b>	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes 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			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					
	From			Yes No		
	To					

<b>Occupational License, Certificate or Registration</b>	<b>Number</b>	<b>Where Issued</b>	<b>Expiration Date</b>
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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
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**SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)**

(Maximum 1000 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 1000 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 1000 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 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number ( ) -	From (Month/Year)

<b>Address</b>		
<b>Job Title</b>	<b>Number Employees Supervised</b>	<b>To (Month/Year)</b>
<b>Specific Duties (Maximum 1000 characters)</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		<b>Supervisor</b>
		<b>Reason For Leaving</b>
<b>Reason For Leaving</b>		<b>May We Contact This Employer? Yes No</b>

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.