



EMPLOYMENT APPLICATION

106 1st STREET S
PO Box 5120
YELM, WA 98597
360-458-8467 VOICE
360-458-3973 FAX

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, vaccination status, or the presence of a non-job-related medical condition or handicap.

Personal Information:

Application Date: _____ Referred by: _____

Name: _____ Maiden Name: _____

Email address: _____

Mailing Address: _____

Physical Address: _____

Social Security #: _____ Telephone #: _____

U.S. Citizen? YES NO Date of Birth: _____

Currently Employed? YES NO Where? _____

Date you can start: _____ Desired Salary: _____

Do you have relatives employed here? YES NO Name: _____

Can you work weekends? YES NO Summer evenings? YES NO

Physical limitations: _____

Dust or perfume allergies? YES NO Back or foot problems? YES NO

Are you willing to take a drug test? YES NO

Have you used a cash register? YES NO

Can you count back change? YES NO



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Do you have any special skills or qualifications related to the position applied for?

In the past five years have you been convicted of a felony or misdemeanor that would make this job inappropriate?

Educational History:

High school attended: _____ Date graduated: _____

College attended: _____ Date graduated: _____

Do you speak any other language? YES: _____ NO

Personal References (NON-relatives):

1. _____
2. _____
3. _____

Emergency Contact: _____ Phone: _____

Previous Employment:

List most recent employment first & explain gaps in employment.

Business Name: _____ City, State: _____

From: _____ To: _____ Position: _____



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Wage: _____ Reason for leaving: _____

Contact person: _____

Business Name: _____ City, State: _____

From: _____ To: _____ Position: _____

Wage: _____ Reason for leaving: _____

Contact person: _____

Business Name: _____ City, State: _____

From: _____ To: _____ Position: _____

Wage: _____ Reason for leaving: _____

Contact person: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date or payment of my wages, be terminated at any time without previous notice.

Date: _____ Signature: _____