



## Employment Application

<b>Name</b>		
(Last)	(First)	(Middle)
<b>Address</b>	<b>City</b>	<b>State      Zip</b>
<b>Home Phone</b>	<b>Cell</b>	
<b>Email</b>	<b>Are you over the age of 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you have a valid Washington State Drivers License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you willing to have a background check as a condition of employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you eligible to work in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<small>Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.</small>		
<b>Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Position applying for</b> _____ <b>How many hours per week can you work?</b> _____		
<b>On what date are you available to start work if offered the position?</b> _____		
<b>Tell us what times you are available to work by filling in the start and end times for each day:</b>		
Monday _____	Tuesday _____	Wednesday _____ Thursday _____ Friday _____

### Work History

Please list your work experience beginning with your present or most recent employer. Include periods of self-employment, military service, and explain any gaps in employment. Attach separate sheets if needed. Resumes may be attached but will not be accepted as a substitute for completing this section.

From (Month & Year)	Company Name	Position Title
To (Month & Year)	City & State	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hours _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

### Work History Continued

From (Month & Year)	Company Name	Position Title
To (Month & Year)	City & State	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hours _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

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To (Month & Year)	City & State	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of Hours _____ May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Salary	Supervisor	Phone
Duties		
Reason for Leaving		

### Education and Training

High School Name	Location (City & State)	Graduate/GED <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University Name	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Major:	Degree Title:	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training Institute	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Trade/Other Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

### Professional References (Do Not List Relatives)

Name/Title	Relationship	Phone
Name/Title	Relationship	Phone
Name/Title	Relationship	Phone

### Signature Required

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time. I authorize my previous employers and all schools or educational and technical institutions that I have attended to furnish the DEA my record, reason for leaving and all information they may have concerning me. I hereby release any such current or former employers or institutions, their agents or employees and the DEA from all liability for any damage whatsoever arising there from. I authorize an investigation of all statements in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_