



PO Box 1521 ♦ ♦ Brush Prairie, WA 98606  
PH 360-687-8968 ♦

**APPLICATION FOR EMPLOYMENT**  
**PERSONAL INFORMATION**

POSITION DESIRED: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ SSN \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MARITAL STATUS: (please circle one) Married Single CHILD SUPPORT CURRENT? \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW LONG AT PRESENT ADDRESS? \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_  
Name Phone

**EMPLOYMENT INFORMATION**

1. CURRENT EMPLOYER: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW LONG: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ SALARY \_\_\_\_\_

2. FORMER EMPLOYER: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW LONG: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ SALARY \_\_\_\_\_

3. FORMER EMPLOYER: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOW LONG: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_ SALARY \_\_\_\_\_

HOW MANY YEARS EXPERIENCE: \_\_\_\_\_

Trade \_\_\_\_\_ Years \_\_\_\_\_

Trade \_\_\_\_\_ Years \_\_\_\_\_

Trade \_\_\_\_\_ Years \_\_\_\_\_

PERSONAL REFERENCES (no relatives, please)

1) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name/ Relation Phone#

2) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name/Relation Phone #

3) \_\_\_\_\_ ( ) \_\_\_\_\_  
Name/Relation Phone #

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from liability for any damage that may result from utilization of such information.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

My signature indicates that I agree to comply with any drug and alcohol testing that may be asked of me at no set date or time.

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

\*\*\*\*\*APPLICATION MUST BE COMPLETELY FILLED OUT TO BE\*\*\*\*\*  
\*\*\*\*\*CONSIDERED FOR EMPLOYMENT\*\*\*\*\*

Office Use Only:

Rate: \_\_\_\_\_

Code: \_\_\_\_\_