

Mailing Address: 595 Grant Rd, Ste 3-51, East Wenatchee, WA 98802

EMPLOYMENT APPLICATION

	PERSONAL INFORM	1ATION	
FULL NAME:	Middle		
ADDRESS:			
E-MAIL:	PHON	E:	
DATE AVAILABLE:	DESIRED PAY: \$_		SALARY
POSITION APPLIED FOR:		□ FULL-	ΓIME □ PART-TIME
	EMPLOYMENT ELIG	IBILITY	
ARE YOU LEGALLY ELIGIBLE	TO WORK IN THE U.S? \Box	YES □ NO*	
HAVE YOU EVER WORKED FO	OR THIS EMPLOYER?	ES* □ NO	
*IF YES, WRITE THE START A	AND END DATES:		
HAVE YOU EVER BEEN CONV	ICTED OF A FELONY?	YES* □ NO	
*IF YES, PLEASE EXPLAIN: _			
	EDUCATION		
HIGH SCHOOL:	CI	ΓY / STATE:	
FROM:	TO:		
	VES IN NO VEAD OF CDA	DHATION:	

COLLEGE:	CIT	Y / STATE:	
FROM:	T0:		
GRADUATE W/ DIPLOMA	? □ YES □ NO YEAR OF	GRADUATION:	
OTHER:	CITY / STATE:		
FROM:	T0:		
DEGREE/CERTIFICATION	:		
OTHER:	CITY /	/ STATE:	
FROM:	T0:		
DEGREE/CERTIFICATION	:		
	PREVIOUS EM	PLOYMENT	
EMPLOYER 1:			
E-MAIL:		PHONE:	
ADDRESS:			
STARTING PAY: \$ SALARY	_ □ HOUR □ SALARY	ENDING PAY: \$	🗆 HOUR 🗆
JOB TITLE:	_ RESPONSIBILITIES:		
FROM:	T0:		
REASON FOR LEAVING: _			
EMPLOYER 2:			
E-MAIL:	PH	ONE:	
ADDRESS:			

FULL NAME:	RE	LATIONSHIP:	
E-MAIL:	P	HONE:	
First COMPANY:	Last TITLE	≣ :	
		RELATIONSHIP:	
E-MAIL:	P	IONE:	
	TITLE	≣:	
FULL NAME:	R Last	ELATIONSHIP:	
	REFERENCES (PROF	ESSIONAL ONLY)	
REASON FOR LEAVING:			
FROM:	T0:		
JOB TITLE:	RESPONSIBIL	LITIES:	
STARTING PAY: \$ SALARY	_ □ HOUR □ SALARY	ENDING PAY: \$	_ 🗆 HOUR 🗆
E-MAIL:		PHONE:	
EMPLOYER 3:			
REASON FOR LEAVING:			
FROM:	T0:		
JOB TITLE:	RESPONSIBILIT	TIES:	
SALARY	_ L HOOK L SALAKI	ENDING PAY: \$	_ L 1100K L

First Last COMPANY: TITLE:
E-MAIL: PHONE:
MILITARY SERVICE
ARE YOU A VETERAN? □ YES □ NO
BRANCH: RANK AT DISCHARGE:
FROM: TO:
TYPE OF DISCHARGE:
IF NOT HONORABLE, PLEASE EXPLAIN:
DA OKODOLINID (ODEDIT OLIFOK CONOENT
BACKGROUND/CREDIT CHECK CONSENT
IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND/CREDIT CHECK? \square YES \square NO
DISCLAIMER
Applicant understands that this is an Equal Opportunity Employer committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.
Please complete each section EVEN IF you decide to attach a resume.
I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.
SIGNATURE: DATE:
PRINT NAME: