

Mailing Address: 595 Grant Rd, Ste 3-51, East Wenatchee, WA 98802 Phone: (509) 306-8182 – Email: cosme@h-design-co.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION FULL NAME: _____ DATE: ____ Middle Last First ADDRESS: Street Address/ Apt/Suite City / State/ Zip Code E-MAIL: ______ PHONE: _____ SOCIAL SECURITY NUMBER (SSN): ____-**DATE AVAILABLE:** _____ **DESIRED PAY**: \$____ \square hour \square salary POSITION APPLIED FOR: **EMPLOYMENT DESIRED:** □ FULL-TIME □ PART-TIME **EMPLOYMENT ELIGIBILITY** ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? \square YES \square NO* HAVE YOU EVER WORKED FOR THIS EMPLOYER? \square YES* \square NO *IF YES, WRITE THE START AND END DATES: HAVE YOU EVER BEEN CONVICTED OF A FELONY? \square YES* \square NO *IF YES, PLEASE EXPLAIN: **EDUCATION** HIGH SCHOOL: _____ CITY / STATE: _____ FROM: _____ TO: ____ **GRADUATE W/ DIPLOMA?** \square YES \square NO **YEAR OF GRADUATION:** _____ COLLEGE: CITY / STATE: FROM: ______ TO: _____ **GRADUATE W/ DIPLOMA?** \square YES \square NO YEAR OF GRADUATION:

	CITY / STATE:		
FROM:	TO:		
EGREE/CERTIFICATI	ON:		
)THER:	CITY / STATE:		
ROM:	TO:		
EGREE/CERTIFICATI	ON:		
	PREVIOUS EMPLOYMENT		
MPLOYER 1:			
	PHONE:		
ADDRESS:			
Street Address/ A			
ΓARTING PAY: \$	□ HOUR □ SALARY ENDING PAY: \$ □ HOUR □ SA		
OB TITLE:	RESPONSIBILITIES:		
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RUM:	TO:		
REASON FOR LEAVING	G:		
EASON FOR LEAVING	G:		
EASON FOR LEAVING MPLOYER 2:	G:		
REASON FOR LEAVING	G:		
EMPLOYER 2: E-MAIL: Street Address/ A	G:		
REASON FOR LEAVING EMPLOYER 2: E-MAIL: Street Address/ A TARTING PAY: \$	PHONE:		
REASON FOR LEAVING EMPLOYER 2: C-MAIL: Street Address/ A TARTING PAY: \$ OB TITLE:	PHONE: PHONE: pt/Suite City / State/ Zip Code □ HOUR □ SALARY ENDING PAY: \$ □ HOUR □ SA RESPONSIBILITIES:		
REASON FOR LEAVING EMPLOYER 2: E-MAIL: Street Address/ A TARTING PAY: \$ OB TITLE: FROM:	PHONE:		
REASON FOR LEAVING EMPLOYER 2: C-MAIL: Street Address/ A TARTING PAY: \$ OB TITLE: REASON FOR LEAVING	PHONE: PHONE:		
EASON FOR LEAVING MPLOYER 2: -MAIL: DDRESS: Street Address/ A TARTING PAY: \$ OB TITLE: ROM: EASON FOR LEAVING MPLOYER 3:	PHONE:		
REASON FOR LEAVING EMPLOYER 2: E-MAIL: Street Address/ A STARTING PAY: \$ OB TITLE: FROM: REASON FOR LEAVING EMPLOYER 3: E-MAIL:	PHONE: PHONE:		

JOB TITLE:	RESPONSIBILIT	TIES:
FROM:	TO:	
REASON FOR LEAVING	3:	
		ERENCES SSIONAL ONLY)
FULL NAME:		RELATIONSHIP:
First COMPANY:	Last	TITLE:
		PHONE:
FULL NAME:		RELATIONSHIP:
First	Last	
		PHONE:
FULL NAME:		RELATIONSHIP:
First COMPANY:	Last	TITLE:
		PHONE:
	MILITAI	RY SERVICE
ARE YOU A VETERA	N? ☐ YES ☐ NO	
BRANCH:	RANK A	T DISCHARGE:
FROM:	TO:	
TYPE OF DISCHARGE	::	
	BACKGROUND/CRI	EDIT CHECK CONSENT
IF ASKED, ARE YOU ☐ YES ☐ NO	WILLING TO CONSE	NT TO A BACKGROUND/CREDIT CHECK?

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:	