

# APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

## GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## POSITION

Position Or Type Of Employment Desired	<b>Will Accept:</b> <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<b>Shift:</b> <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

## EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
<b>College, Business School, Military (Most recent first)</b>						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Occupational License, Certificate or Registration	Number	Where Issued		Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English						

## VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
-------------------	---------------	-------------------

## SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 300 characters)

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number ( ) -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's Comments:

\_\_\_\_\_


**WorkSource Washington and Washington State Employment Security are equal opportunity employers and providers of employment and training services.  
Auxiliary aids and services are available to persons with disabilities upon request.**