

# APPLICATION FOR EMPLOYMENT

This form is being provided by WorkSource Washington. The form complies with state and federal laws against discrimination. However, employers using this form should check local ordinances. WorkSource Washington and Employment Security Department will not accept responsibility for the release of information provided on this form.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application may be considered sufficient cause for termination.

## GENERAL INFORMATION

Name: (Last)	(First)	(Middle Initial)	Home Telephone:
Address: (Number & Street)	(City)	(State)	(Zip)
E-mail Address			Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names of previous employers by this company:			
Person(s) to contact in case of emergency (include Name and Phone Number):			

## POSITION

Position Or Type Of Employment Desired:	Will Accept: <input type="checkbox"/> Full-time <input type="checkbox"/> Day Shift <input type="checkbox"/> Part-time <input type="checkbox"/> Evening Shift <input type="checkbox"/> Temporary <input type="checkbox"/> Rotating Shift Code Available: _____
Salary Desired:	
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	

## EDUCATION AND TRAINING

High School Graduate or General Education Test Passed?  Yes  No

If No, list the highest grade completed: \_\_\_\_\_

List Below College, Business School, Military, Etc. (Most recent first)

Name And Location	Dates Attended Month/Year	Credits Earned			GPA/ Grade	Degree Title	Major Or Subject Areas
		150000+ Hours	50000-150000 Hours	Other			
License, Certificate Or Registration	Number	When Issued		When Expires	Expiration Date		
Languages Read, Written Or Spoken Fluently Other Than English							

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


## VETERAN INFORMATION

Branch Of Service	Date Of Entry	Date Of Discharge
-------------------	---------------	-------------------



FORM WSA 11-01 (REVISED 03/01) PWS 1000-1 (03/01)