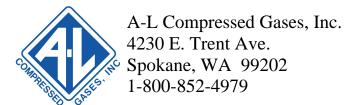
Pasco, WA Moses Lake, WA Coeur d'Alene, ID



Clarkston, WA Union Gap, WA Prosser, WA

## APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS, INCLUDING, RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN.

NAMELAST					
LAST		FIRST	MIDI	DLE	
SOCIAL SECURITY	NUMBER				
PRESENT ADDRESS					
YEARS AT ADDRESS	STREE	ET 	CITY	STATE	ZIP
PREVIOUS ADDRES	S				
YEARS AT ADDRESS	STRE	ET 	CITY	STATE	ZIP
PHONE NUMBER					
REFERRED BY					
EMBLOVAII					
	ENT DESIRED				
SITION E YOU EMPLOYED N		DATE	YOU CAN START	DESIRED S	SALARY
LL YOU HAVE TO GI	VE A TWO-WEE	K NOTICE?	MAT WE INQUIRE W	VIIH TOUR EMPLOTER	
VE YOU EVER APPL					
VE TOO E VERTIFIE		THE THE TENT	3 *******************************		_ ***1121**
EDUCATION					_
EDUCATION		ATION OF SCHOOL	LAST YEAR		SUBJECTS STUD & DEGREES RECEIVED
EDUCATION  AMMAR SCHOOL		ATION OF SCHOOL		GRADUATE?  D  UYES	
		ATION OF SCHOOI	LAST YEAR COMPLETED	GRADUATE?  □YES □NO □YES	& DEGREES
AMMAR SCHOOL		ATION OF SCHOOL	LAST YEAR COMPLETED 1234	GRADUATE?  D  SPECIAL	& DEGREES

## FORMER EMPLOYERS-LIST ANY PREVIOUS EMPLOYERS, BEGINNING WITH THE LAST ONE FIRST

DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
REFERENCES-PLEASE LIST BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU WHOM YOU				

<b>REFERENCES-</b> PLEASE LIST BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU W	HOM YOU
HAVE KNOWN AT LEAST ONE YEAR.	

NAME	ADDRESS	BUSINESS	YEARS AQUATINTED
1.			
2.			
3.			

PHYSICAL RECORD-DO YOU HAVE ANY PHYSICAL CONDITION, WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB; APPLIED FOR?					
IN CASE OF EMERGENCY NOTIO	FYNAME	ADDRESS	PHONE NUMBER		
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.					
DATE	SIGNATURE				
DO NOT WRITE BELOW THIS LINE					
		DATE			