

## **Application for Employment**

Personal Information						
Last Name	First Initial		Initial	Social Security Number		
Other Name(s) Used				Home Telephone #		
Address (Street, City, State, Zip)				Business or Message #		
Position Applied For:	How were you referred?:			Salary Desired:		
Are you 18 years of age or older? Yes No	Date Available to Start Wo			ork:		
Type of Employment Desired: FT PT Tempor	Type of Employment Desired: FT PT Temporary Other:					
Have been convicted or pled no contest to any criminal offense? (A conviction will not necessarily disqualify an applicant from employment.) Yes No						
If yes, please indicate the date and nature of the offense.						
Washington Driver's License #:	er's License #:  Have you had a years? Yes No			ny traffic violations in the past 5		
SKILLS PLEASE PLACE AN "X" NEXT TO EXPERIENCE YO	OU CURRENTLY H	IAVE				
Systems Furniture Installation	Construction_					
Moves	Reading Spac	e Plans				
Lead/Management	Narehouse	·				
REFERENCES Please include only those who know you	r work habits. Do	o not inclu	ide relatives.			
Name	Pt (	none #				
Relationship	Ye	ars Know	n			
Name	Pr (	none #				
Relationship	Ye	ars Know	n			

## EMPLOYMENT EXPERIENCE

List all employment for the past 5 years, starting with the most recent position. If currently employed, may we contact your employer? Yes No

Employer		Dates Employed		Work Performed
Address		From	То	
Telephone Number(s)		Hourly Rate/Salary		Reason for Leaving
Job Title	Supervisor	Starting	Ending	
Employer		Dates Employed		Work Performed
Address		From	То	
Telephone Number(s)		Hourly Rate/Salary		Reason for Leaving
Job Title	Supervisor	Starting	Ending	
Employer		Dates Er	mployed	Work Performed
Employer Address		Dates Er	<b>mployed</b> To	Work Performed
			То	Work Performed  Reason for Leaving
Address	Supervisor	From	То	
Address Telephone Number(s)	Supervisor	From  Hourly Ra	To  ate/Salary  Ending	
Address Telephone Number(s) Job Title	Supervisor	From  Hourly Ra	To  ate/Salary  Ending	Reason for Leaving
Address Telephone Number(s)  Job Title  Employer	Supervisor	From  Hourly Ra  Starting  Dates En	To  ate/Salary  Ending  mployed  To	Reason for Leaving

## APPLICANT'S STATEMENT

I certify that the information given by me to Complete Office Installation is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

I authorize Complete Office Installation to solicit information regarding my character, previous employment criminal and civil history, and to contact any of the references I have given on my application.

I understand that employment can be terminated with or without reason, and with or without notice at any time, at the option of either Complete Office Installation or myself.

I represent and warrant that I have read and fully understand the forgoing, and that I seek employment under these conditions.

Applicant signature:	Date:	