



**6200 Burden Blvd.**  
**Pasco, Washington 99301**  
**509-544-8789**

Position Applying For

How did you hear about us?

\_\_\_\_\_

\_\_\_\_\_

**Personal Information**

_____	_____	_____
Name	Phone	SSN
_____	_____	
Address, City, State, Zip	Email	

Are you 21 years of age or older?	Yes	No
Are you 16 years of age or older?	Yes	No

In accordance with the Immigration Reform Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States. Can you submit verification of your legal right to work in the United States?	Yes	No
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**Employment History**

_____	_____	_____	_____
Employer's Name	Job Title	Supervisor Name	Phone
_____	_____	_____	
Duties Performed	Start Date/End Date	Reason for Leaving	

_____	_____	_____	_____
Employer's Name	Job Title	Supervisor Name	Phone
_____	_____	_____	
Duties Performed	Start Date/End Date	Reason for Leaving	

_____	_____	_____	_____
Employer's Name	Job Title	Supervisor Name	Phone
_____	_____	_____	
Duties Performed	Start Date/End Date	Reason for Leaving	

## Education

	Years Completed	Degree
High School or GED		
College/Trade School		

## Personal Interests

Hobbies, Interests, or Special Skills

Extra-Curricular Activities

Honors, Awards, or Leadership Positions Held

## References

Name Company/Relation Phone

Name Company/Relation Phone

Name Company/Relation Phone

### PLEASE READ CAREFULLY AND SIGN

I certify that all statements given on this application are correct. I realize that falsification or misrepresentation, including omission, of this or any other personnel record may result in my discharge regardless of when such falsifications or misrepresentation or omission is discovered. In the event of employment, I agree to abide by all present and subsequently issued rules of the company, recognize that my employment is at will and can be terminated at any time by myself or by the company with or without cause, other than for a reason which is prohibited by law. I authorize my present and former employers and other individuals to give information concerning me, whether or not it is in their records, and I release them and their companies from any liability whatsoever. I also authorize the company to give information concerning me, whether or not it is in its records, to prospective employers in the future, and release the company and its employees from any liability whatsoever.

Signature

Date