

APPLICATION FOR EMPLOYMENT

Confidential when completed
An Equal Opportunity Employer



PO Box 1187 Twisp, WA 98856

Date: _____

IMPORTANT: IF YOU DO NOT FILL THIS APPLICATION OUT COMPLETELY, IT MAY NOT BE PROCESSED

Name:	Last	First	Middle	Email
Address (No., Street, City, State, Zip)				Message Phone
City, State, Zip				For what type of employment are you applying? Please check one. <input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary If Temporary, how long?
Have you ever been employed under another name?				
Are you legally able to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have any physical impairments which would hinder your job performance in the job for which you are applying?				

PLEASE BE AS ACCURATE AS POSSIBLE

Name and Address of Previous Employers Most Recent Employer First	From	To	Job Description	Rate of Pay		Reason for Leaving or Wanting to Leave
				Start	Leaving	
Company Name						
Street Address						
City, State, Zip						
Company Name						
Street Address						
City, State, Zip						
Company Name						
Street Address						
City, State, Zip						
Company Name						
Street Address						
City, State, Zip						

Type of school	Name of School	Location	Major Course of Study	Avg. Grade	Degree
High School					
College					
Other: Include All Other Schools					

Have you ever been in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	What branch?	From	To
Specialty	Do you have a reserve obligation? <input type="checkbox"/> No <input type="checkbox"/> Yes		

For what type of work are you applying?	Rate of pay expected
1. _____ 2. _____ 3. _____	

Do you have any relatives or friends in our employ? If so, who?

Is there any other additional information you would like us to consider in reviewing your application?

Driver's License #	State
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REFERENCES, OTHER THAN FORMER EMPLOYEES OR RELATIVES, THAT HAVE KNOWN YOU 3 YEARS OR MORE				
Name	Address	City & State	Phone	Where Employed

I authorize all persons, schools, companies, physicians, hospitals, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background as it relates to the job I am applying for, and to release them from any liability and responsibility arising from their doing so. The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application may be considered sufficient cause for dismissal.

Signed: _____

Date: _____