

EMPLOYMENT APPLICATION



Corporate Office
1180 NW Maple St., Ste. 105
Issaquah, WA 98027

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME/MESSAGE PHONE () _____ WORK () _____ SOCIAL SECURITY NUMBER _____

What position are you applying for? _____ Date available for work? _____

Shift(s) available: Days Evenings Nights Would you prefer to work: Full time Part time Temporary

Are you legally entitled to work in the United States? Yes No Proof of right to work in the U.S. will be required if hired.

Have you been convicted of a felony or released from prison within the past ten years for an offense which may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.) Yes No If yes, please indicate the date and nature of the offense _____

What are your starting salary expectations? _____

Have you ever previously applied to or been employed by this company? Yes No If yes, when and where? _____

How did you learn about this opening? _____

EDUCATION			GRADUATE		
	Name and Location of School	Years Completed	Yes	No	Degrees Received
High School					
College					
Trade,					
Business, or					
Graduate School					

Where you known by any other name at any job or school listed on this application? Yes No

If yes, what name _____ Indicate school or employer _____

<input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Ten Key _____ Touch _____ Sight <input type="checkbox"/> Shorthand _____ WPM <input type="checkbox"/> Foreign Language Skills _____ _____ _____	<input type="checkbox"/> Personal Computer and Software used: _____ _____ <input type="checkbox"/> Other Computer Skills: _____ _____ <input type="checkbox"/> Accounting: _____ _____	Indicate any other skills related to the position you are seeking: _____ _____ _____ _____ _____
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EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please start with the most recent employer, include military service. If currently employed, may we contact your employer? Yes No

Employer _____ Type of business _____ Telephone () _____
Address _____ City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
Duties: _____

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Dates Employed: From _____ To _____ Reason for leaving _____ Wage _____
Duties: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the Company and/or its agent(s) to investigate all statements contained in this application and request information about me from previous employers and educational institutions. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (the Company and its agents) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information that may be sought in arriving at an employment decision.

Due to the enormous number of applications that the Company receives, I understand the Company cannot make any guarantees that my application will be considered for any or all open positions the Company may have, or that my application will be considered for any specific length of time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I also understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that employment is for no definite period and may be terminated, at any time, with or without notice, by either party.

Signature of Applicant _____ Date _____

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

may not limit or influence the choice of documents presented for use on the Form I-9.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA