

WASHINGTON

Applicant's Authorization and Acknowledgement of Responsibilities

READ CAREFULLY BEFORE COMPLETING APPLICATION

1. I hereby authorize said employer to conduct an investigation concerning all statements contained in my application for employment, to interview all references and employers. Depending on the job you are applying for a routine credit inquiry may or may not be made. I hereby release the Company and any other individuals from any liability arising from the disclosure of any information pertaining to me which is obtained during said investigation.
2. I further understand and agree that adherence to specifications pertaining to uniform, attire, and personal appearance are at the discretion of management.
3. I understand that if I were to be considered for employment with said employer I may be required to take a post offer employment physical based on the job for which I am applying. I therefore authorize said employer's appointed physician to release any information regarding medical conditions related to my ability to perform the job in question to an authorized representative.

All expenses incurred for a physical examination that is requested by the Company will be paid for by the Company.

If requested by said employer, I also give permission and agree to participate in pre-employment drug testing which I understand may or may not involve an observed collection of a urine sample for testing. I specifically agree that the test results shall be released to an authorized Company representative.

4. I acknowledge and agree that if employed, my employment will continue at my will and at the will of the Company and may be terminated at any time for any legal reason by either party. I also agree that this application does not constitute an employment contract and I acknowledge that no official or representative of said employer is authorized to enter into any verbal contract establishing an employment relationship with any applicant or employee of any particular duration of tenure.
5. Any applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the duties of the job for which the applicant is applying should inform the Store Manager.
6. I certify that I have read and understand the above Authorization and Acknowledgement and will complete the application for employment form as accurately and completely as possible.

CERTIFICATION:

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

DATE

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Application for Employment

Please Print and Complete All Questions

NAME		Last	First	Middle	Date	Social Security Number		
PRESENT ADDRESS			Street	City	State	Zip	Phone No.(s) Res. Bus.	
Birth Date		Referred by		Reason you applied here				
Position for which you are applying			Second Choice		Date Available		Salary Expected	
Can you work overtime? Yes No Can you work shifts? Yes No				Can you provide proof of citizenship, Visa or alien registration number if you are hired? Yes No				
Have you ever been bonded? Yes No			Have you ever been refused bond? Yes No					
List any skills or qualifications relative to the job you are applying for:								
List any relatives working here:								
Have you worked for this company or a competitor under a different name? Yes No If so, what name and when?				Have you ever been discharged or asked to resign from any position? Yes No Date If Yes, please explain -				
Have you been convicted of a criminal offense in the past seven years? <i>Conviction will not necessarily disqualify an applicant from employment.</i> Yes No If so, explain:								
Please list your driver's license number and state. (Answer only if operating a motor vehicle is a requirement of the job for which you are applying)								
Name you graduated from High School under:								
EDUCATION		Name and Address			Dates	Graduate?	GPA	Degree
Circle highest grade completed:		High School						
1 2 3 4 5 6 7 8 9 10 11 12		G.E.D.						
College: 1 2 3 4 5 6 7 8		College						
U.S. MILITARY SERVICE		Branch of Service		Date and Rank at Discharge	List duties pertaining to job for which you are applying:			
Date(s) of Service								

Qualified applicants will receive consideration for employment without discrimination regardless of race, color, religion, age, sex, national origin, marital status, disability, Vietnam Era and disabled veteran.