

# WASHINGTON

URMAppWA  
Revised 03/09

## 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

<b>NAME</b> Last		First	Middle	Date	Social Security Number	
<b>PRESENT ADDRESS</b> Street			City	State	Zip	Phone Numbers: Home Cell
Birthdate	Referred By		Email Address			
Position For Which You Are Applying		Second Choice		Date Available	Salary Expected	
Can you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>			Can you provide proof of eligibility to work in the United States if you are hired? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you work shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been refused bond? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been discharged or asked to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, what name and when?			If so, please explain:			
Have you been convicted of a criminal offense (including traffic violations) in the past seven years? Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>Conviction will not necessarily disqualify an applicant from employment.</b>						
If so, please explain:						
Please list your driver's license number and state. <i>(Answer only if operating a motor vehicle is a requirement of the job for which you are applying.)</i>						
Name you graduated from high school under:						
<b>EDUCATION</b>	Name of Institution	City & State		Dates	Graduate?	GPA
High School						
G.E.D.						
College						
<b>U.S. MILITARY SERVICE</b>		Branch of Service	Date and Rank at Discharge	List duties pertaining to job or 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 or disabled veteran.

**APPLICANT'S NAME**

**REFERENCES** other than relatives or former employers

Name	Address	Phone	Occupation	Years Known
Name	Address	Address	Occupation	Years Known

**EMPLOYMENT RECORD** List current position and account for all time during last 10 years

From:	To:	Employer	Phone	Job Duties
Job Title		Address		
Supervisor		Type Of Business		
Starting Rate	Ending Rate	Reason For Leaving		
From:	To:	Employer	Phone	Job Duties
Job Title		Address		
Supervisor		Type Of Business		
Starting Rate	Ending Rate	Reason For Leaving		
From:	To:	Employer	Phone	Job Duties
Job Title		Address		
Supervisor		Type Of Business		
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