



Employment Application

815 4th Avenue E.
 Olympia, WA 98506-3921
 (360) 357-8500
 Fax: (360) 754-8331

GENERAL INFORMATION

Position applied for _____
 Social Security No. _____ (Note: Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

Name (Last, First, and Middle Initial)	Home Phone
Mailing Address (Include apartment number, if any)	Work (message) Phone
City, State, Zip	Other (cellular) Phone

EDUCATION

- a. Check highest grade completed. 6 7 8 9 10 11 12
 b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
 c. Check number of years of post high school education. 1 2 3 4 5 6 7

	Name and Location of Institution (including trade schools)	Degree Received	Major or Specialty	Dates Attended
1	High School:			
2				
3				
4				

WORK HISTORY

1.	Current Employer	Employer's Address	Employer's Phone Number (include area code):	
	Your Title	Months & Years Employed In this Position		Total Months
		From	To	Avg. Hrs. Per Wk
				Last Salary
	Immediate Supervisor's Name	Reason for Leaving:		No. of Employees Supervised
	Duties:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

2.	Employer	Employer's Address	Employer's Phone Number (include area code):	
	Your Title	Months & Years Employed In this Position		Total Months
		From	To	Avg. Hrs. Per Wk
				Last Salary
	Immediate Supervisor's Name	Reason for Leaving:		No. of Employees Supervised
	Duties:			

3.	Employer	Employer's Address			Employer's Phone Number (include area code):		
Your Title		Months & Years Employed In this Position			Total Months	Avg. Hrs. Per Wk	Last Salary
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			No. of Employees Supervised		
Duties:							

4.	Employer	Employer's Address			Employer's Phone Number (include area code):		
Your Title		Months & Years Employed In this Position			Total Months	Avg. Hrs. Per Wk	Last Salary
		From		To			
Immediate Supervisor's Name		Reason for Leaving:			No. of Employees Supervised		
Duties:							

Other Skills and Abilities (please include any tool or computer proficiencies, i.e. welding, MS Office etc...)

REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

MISCELLANEOUS

- a. Other than English, what languages do you speak, read, or write fluently?
- b. Have you been convicted of a misdemeanor or felony within the past ten (10) years? Yes No
If Yes please explain: _____
- c. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- d. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 Month ___ Day ___ Year
- e. **CERTIFICATION**--Each Application Requires Current Date and Original Signature
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Always Safe & Lock Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Always Safe & Lock Inc. to rely upon and use, as it sees fit, any information received from such contacts.

Date _____ Applicant Signature _____