

## EMPLOYMENT APPLICATION

Please complete the following application in full. If you have any questions about the application, please contact the branch nearest you.

Albany Anchorage Bend Boise Cheyenne Eugene Houston **Idaho Falls** Kennewick Longview Medford **Moses Lake Pocatello** Phoenix **Portland** Seattle **Soda Springs** Spokane **Tacoma** 

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I. Personal Information			Today's Date:		
Social Security #:		Email Address:			
Name: (First)	(Middle)				(Last)
Present Address:			Phone Number ( )		
City:	State:				Zip Code:
Previous Address:					
City:	State:				Zip Code:
II. Employment Information					
Position of Interest:			Referred By:		
Date You Can Start:			Salary or Wage Desired:		
Are You Currently Employed? Yes [ ] No [ ]			Valid Driver's License? Yes [ ] No [ ]		
If Yes, Where:			Position:		
May We Inquire of Your Present Employer? Yes [ ] No [ ]					

III. Former Employers				
Name of Employer:	Date Employed From: To:			
Salary \$	Position:			
Reason For Leaving:				
Name of Employer:	Date Employed From: To:			
Salary \$	Position:			
Reason For Leaving:				
Name of Employer:	Date Employed From: To:			
Salary \$	Position:			
Reason For Leaving:				

IV. Education				
High School:	Did You Graduate? Yes [ ] No [ ]			
College:	Did You Graduate? Yes [ ] No [ ]			
Other Education:	Did You Graduate? Yes [ ] No [ ]			
V. References				
Name:	Phone Number ( )			
Relationship:	Years Known:			
Name:	Phone Number ( )			
Relationship:	Years Known:			
Name:	Phone Number ( )			
Relationship:	Years Known:			
VI. Authorization				
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."				
Signature:	Date:			
Printed Name:				
*** Please Include Resume If You Have One ***				