

Job Application

45224 284th Ave SE
 Enumclaw, WA 98022
 Phone: 360-226-3493
www.enumclawexpo.com



- TYPE OF EMPLOYMENT
- Full Time Employment
 - Part-Time Employment
 - Summer Employment
 - Fair Employment ONLY

Personal Information

| | | | | |
|--|-----------------------|-----|---|--------------------------|
| Last | First | MI | Application Date | Email |
| Street Address | | | City | State |
| | | | Zip | Phone Number |
| Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Birth Date <small>M / D / YEAR</small> | Date Available to start: |
| Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | If yes, please explain: | |
| Military Service: Branch | From: | To: | Rank of Separation: | Veteran of which War: |
| What position are you applying for? | | | Do you possess a current WA State Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | If you are offered the job, are you willing to undergo a pre-employment drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | Background check? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Expected Hourly Rate | Expected Weekly Hours | | How did you hear about this position? | |

Prior Work Experience

| | Current or Most Recent | Prior |
|-------------------------------|--|--|
| Employer | | |
| Address | | |
| City, State, ZIP | | |
| Telephone | | |
| Name of Immediate Supervisor | | |
| Dates of Employment | From To | From To |
| Position/Job Title | | |
| Pay | | |
| Reason for Leaving | | |
| May We Contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Education

| | Name/Location | Year Completed | Degree | Major or Emphasis |
|--|---------------|----------------|--------|-------------------|
| High School | | | | |
| College/University | | | | |
| Trade School | | | | |
| Other | | | | |
| What software/programs are you proficient with? | | | | |
| List any applicable special skills, training or proficiencies. | | | | |

Personal References

| | | |
|------------------|--|--|
| Name | | |
| Address | | |
| City, State, ZIP | | |
| Telephone | | |
| Relation | | |
| Years Known | | |

Professional References

| | | |
|------------------|--|--|
| Name | | |
| Address | | |
| City, State, ZIP | | |
| Telephone | | |
| Relation | | |
| Years Known | | |

Employment History

| | Current or Most Recent | Prior |
|-------------------------------|--|--|
| Employer | | |
| Address | | |
| City, ST, ZIP | | |
| Telephone | | |
| Name of Immediate Supervisor | | |
| Dates of Employment | From To | From To |
| Position/ Job Title | | |
| Pay | | |
| Reason for Leaving | | |
| May We Contact this employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|