

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

A copy of a current, valid Driver's license is required with all applications

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PART 1: GENE	ERAL INFORMATION	
Position applied for:	Date:	-
Requested Pay Rate: \$		
Applicant Name:		
Address:		
Telephone: Home: Cell: _	SS#:	
E-Mail Address:		
Have you ever been employed with us before?	Yes _	No
If Yes, give date		
Are you currently employed?	Yes ₋	No
May we contact your current employer?	Yes ₋	No
Are you prevented from lawfully becoming employed	d in this country because of Visa or Immigration	Status?
(Proof of citizenship or immigration status will be re	equired upon employment) Yes _	No
On what date would you be available for work?		
Are you available to work: Full Time Pai	rt Time Shift Work Temporary	

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PART 2: BACKGROUND INFORMATION

Have you been convicted of a felony?	Yes _	No
If Yes, please explain:		
Do you have a valid WA State Driver's License?	Yes _	No
What is your means of transportation?		
PART 3: EDUCATION AND TRAINING		
(School Type / Name of School / Location (City & State) / Degree: Y N / Dates Attended)		
High School:		
Business/ Tech/ VOC:		
College/University:		
Other (Specify):		
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:		

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PART 4: EMPLOYMENT HISTORY

Begin with your most recent job to your fi st job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. List each job separately. If you need additional space, attach a separate sheet(s).

Job Title:	Dates Worked	from to	'	Pay \$ _	Per _.	
Name of Employer:		Name of Superv	visor:			
Address:	City: _		State:		_ Zip Code: _	
Telephone: ()	Reason for Leaving: _					
Duties Performed:						
Job Title:	Dates Worked	from to		Pay \$ _	Per _.	
Name of Employer:		Name of Superv	visor:			
Address:	City: _		State:		_Zip Code: _	
Telephone: ()	Reason for Leaving: _					
Duties Performed:						
Job Title:	Dates Worked	from to		Pay \$ _	Per _.	
Name of Employer:		Name of Superv	visor:			
Address:	City: _		State:		_Zip Code: _	
Telephone: ()	Reason for Leaving:					
Duties Performed:						
				_		

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Job Title:	Dates Worked fro	om to	Pay \$	_ Per
Name of Employer:	Na	ıme of Supervisor: _		
Address:	City:	State:	Zip Code:	
Telephone: () Re	ason for Leaving:			
Duties Performed:				
List professional, trade business of You may exclude membership which protected status.			in, age, ancestry,	disability or other
	PART 5: ADDITION	NAL INFORMATION		
Other Qualifications: State any ad	ditional information yo	u feel may be helpful	to us in consideri	ing your application:
Specialized Skills: List any equipm	ent operated or specia	lized skills related to	employment:	



PART 6: REFERENCES

1. Name:	Phone #			
2. Name:	_ Phone #			
3. Name:	_ Phone #			
PART 7: DATE AND SIGNAT To be accepted, you must sign and date				
certify that the answers given herein are true and complete to th	ne best of my knowledge.			
This application shall be considered active for a period not to exconsidered for employment beyond this time should inquire as to cepted at that time.				
I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law with or without cause. I understand that this application is not a contract for employment. I understand that to be employed I must be authorized to work in the United States, and I must show the employer documents that will prove this if I am offered employment by the employer.				
understand that the company may verify the information that I have provided on this application, on related				
papers, and in interviews, I authorize any individuals, schools and employers listed on this application to provide any information requested about me and I release them from all liability to damages in providing this information.				
I understand that false, untruthful or misleading answers are causor refusal for employment to be offered and if employed, a cause required to abide by all rules and regulations of the employer.				
Date/ Month/ Year	Signature (Print Name)			

Email finished applications to: capstone@capstone247.com