

APPLICATION FOR EMPLOYMENT

0606419



wafla

8830 Tallon Lane NE, Suite C
Lacey, WA 98516
PHONE: (360) 455-8064
An Equal Opportunity Employer
E-Verify Employer

Wafla is an equal employment opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information or any other basis protected by federal, state or local law. Wafla expressly prohibits any form of workplace harassment. Reasonable accommodation is available upon request.

Position applied for: _____ Date of application: _____

Are you seeking: Full-time _____ Part-time _____

Name _____
 First Middle Last

Mailing Address _____
 No. Street City State Zip

Permanent Address _____
 No. Street City State Zip

Telephone: Home _____ Cell _____

Email: _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Are you over the age of 18? Yes No

For jobs involving driving: Do you have a valid driver's license? Yes No

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details below:

COMPANY EXPERIENCE

Have you worked for our company before? Yes No Dates: From _____ To _____

Supervisor: _____ Position: _____

Reason for leaving: _____

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME	DATES WORKED	POSITIONS HELD
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ()	DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	REASON FOR LEAVING	
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>		

COMPANY NAME	DATES WORKED	POSITIONS HELD
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ()	DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	REASON FOR LEAVING	
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>		

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MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>		

COMPANY NAME	DATES WORKED	POSITIONS HELD
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ()	DUTIES / RESPONSIBILITIES	
TYPE OF BUSINESS		
NAME OF SUPERVISOR	REASON FOR LEAVING	
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

ADDITIONAL SKILLS

Please indicate any additional skills or equipment for which you have experience using or have received training.

PROFESSIONAL REFERENCES

Provide three professional references (not family), one of which is a current or former supervisor.

Name

Phone Number

Position

1. _____
2. _____
3. _____

APPLICANT MUST READ AND SIGN

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

I further certify that, with the exception of any conduct permitted under state and federal law, I am not engaged in any outside activity or business that could be considered in conflict with **wafila's** interest or those of its members or customers, nor will I become engaged in such activity or business if employed.

I authorize **wafila** to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release **wafila**, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. If employed, I release the company from any liability for future references it may provide regarding my work history with wafila.

I further agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate **wafila** to hire me. I understand and agree that employment with **wafila** is at-will, meaning that it is for no specified period and that wafila or I may terminate my employment at any time, or for any reason consistent with state and federal law.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree as a condition of my employment at wafila that any controversy or claim, arising out of or relating to my employment relationship with wafila or the termination of that relationship, must be submitted for non-binding mediation before a third-party neutral and (if necessary) for final and binding resolution by a private and impartial arbitrator consistent with wafila policy.

I have read, understand, and by my signature consent to these statements.

Applicant Signature

Date

Applicant Name: _____

HOW WERE YOU REFERRED TO OUR ORGANIZATION?

Check all that apply

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Indeed | <input type="checkbox"/> Monster | <input type="checkbox"/> WorkSource | <input type="checkbox"/> Wafla Employee |
| <input type="checkbox"/> School/College
(please list): | <input type="checkbox"/> Professional Organization
(please list): | <input type="checkbox"/> Other (please list): | <input type="checkbox"/> Wafla website |

VOLUNTARY DATA

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the box that applies:

- | | | |
|---|---|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | | |