

APPLICATION FOR EMPLOYMENT

081418



wafla

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

We are an equal employment opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical or sensory disability, sexual orientation, or any other basis protected by federal, state or local law. Reasonable accommodation is available upon request in order to participate in the interview process. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. Wafila expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of wafila's employees to perform their job duties may result in discipline up to and including discharge.

Position applied for: _____ Date of application: _____

Are you seeking: Full-time _____ Part-time _____ Wage Desired: \$ _____

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 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age)

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	
STARTING WAGE: _____ PER HOUR <input type="checkbox"/> YEAR <input type="checkbox"/>		
ENDING WAGE: _____ PER HOUR <input type="checkbox"/> YEAR <input type="checkbox"/>	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPANY NAME	DATES WORKED	POSITIONS HELD
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ENDING WAGE: _____ PER HOUR <input type="checkbox"/> YEAR <input type="checkbox"/>	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	

If you have been unemployed for 60 days or more, please list dates and reason:

EDUCATIONAL BACKGROUND

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

SPECIAL SKILLS

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

PROFESSIONAL REFERENCES

Provide three professional references. Do not include family members.

Name

Phone Number

Position

1. _____
2. _____
3. _____

APPLICANT MUST READ AND SIGN

I certify that all information provided in this employment application is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in immediate dismissal.

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 and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, driving record, and criminal history. I authorize any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation and I hereby release all parties and persons requesting or supplying information pursuant to such investigation from all claims, liabilities and damages for any reason arising out of the furnishings of such information. If employed, I release the company from any liability for future references it may provide regarding my work history with SBP.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of my employment, if required.

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** would be at-will, meaning that it is for no specified period and may be terminated by me or **wafila** at any time without prior notice or reason.

If employed, I further agree that if **wafila** advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any **wafila** property, **wafila** is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

I agree as a condition of any employment with **wafila** to waive my right to a jury trial in any action or proceeding related to my employment or the termination of my employment.

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

Applicant Signature

Date

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

White (Not Hispanic or Latino)

Hispanic or Latino

Black or African American

Native Hawaiian or other Pacific Islander

Asian

American Indian or Alaska Native

Two or More Races (Not Hispanic or Latino)