

EMPLOYMENT APPLICATION – SHORT FORM

Which job are you applying for. All/ Any. _____

NAME/ADDRESS

Last, First	Middle Initial	Social Security Number
Address		Drivers License # & State
City State Zip		Telephone #:
Email		Website (i any)
Emergency Contact Person. Include phone, email and address		

EMPLOYMENT HISTORY

List your three most recent employers in order. If you have not worked before or do not have three past employers please note that below. Please do not leave out any work experience during that time. Application can not be considered without an accurate employment history. You are welcome to attach a list of other employers or references if you want to offer them. Please note if you do not want your current employer contacted.

Employer #1:	Job Title:
Address:	Duties:
Phone:	Salary:
From - To:	Reason for Leaving:
Employer #2:	Job Title:
Address:	Duties:
Phone:	Salary:
From - To:	Reason for Leaving:
Employer #3:	Job Title:
Address:	Duties:
Phone:	Salary:
From - To:	Reason for Leaving:

EDUCATION

High School:	Name & Location of School:
	Years Attended: _____ Date Graduated/Grade Completed _____ Diploma/Degree: _____
	University/College:
University/College:	Name & Location of School:
	Years Attended: _____ Date Graduated/Grade Completed _____ Diploma/Degree: _____
	University/College:
University/College:	Name & Location of School:
	Years Attended: _____ Date Graduated/Grade Completed _____ Diploma/Degree: _____

Trade, Business or Correspondence School:	Name & Location of School:	
	Years Attended:	Date Graduated/Grade Completed
	Diploma/Degree:	

ADDITIONAL AREAS OF EXPERTISE

Areas of specialized study, research, or additional experience:

Past or Present U.S. Military Service: & Rank

REFERENCES

Include at least three references one of which must be an employer. If you are young or new to the work force and have not worked at three different places please note that below. Feel free to attach the names of other references if you like but always include your relationship with them.

Name #1:	Occupation:
Address:	Relationship:
Phone & Email Address:	Years Known:
Name #2:	Occupation:
Address:	Relationship:
Phone & Email Address:	Years Known:
Name #3:	Occupation:
Address:	Relationship:
Phone & Email Address:	Years Known:

Please attach your resume if you have one. This is not a requirement.

APPLICATION TERMS: I hereby swear the above information is true and correct to the best of my recollection and grant the Employer the right (as may be allowed by law) to check my credentials, educational records, credit report, legal records, medical records, references, work performances, personal records and any other information it deems necessary to consider this application. I hereby give educational institutions and instructors, creditor sources and reporters, employers, references and others disclosed here permission to give the employer any information it requests and to discuss and review any information contained in this application. I understand I may be tested for drugs at any time before or after employment.

This application is not a job offer and is not a guarantee that a job will be available or that a candidate will be selected for any anticipated employment. The Employer only makes job offers in written form and no verbal, email, letter or other communication should be considered an offer unless it specifically states that it is an employment offer or employment contract. Such an offer must include the title of the position, the hours to be worked, details of compensation and other employment contract details. Once a job offer has been given it may be withdrawn at any time prior to the candidate's acceptance. All employment at the Employer is at the will of the company and may be ended at any time by The Employer with or without reason.

Nothing herein should be construed as the Employer having given the candidate, an employment agency or any other party authority to bind the Employer for fees, costs or duties related to this application. Should the candidate incur such costs in order to apply the Candidate is solely liable for them. In submitting this application, a resume and any other information the Candidate agrees to its terms.

Signature

Date

Mail: PO Box 23039 Seattle, WA 98102 **Fax:** 888-628-0839 **Email:** Jobs@Finito.org