

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.

DATE: _____

Name:

Last

First

Middle

Maiden

Address:

Number

Street

City/State/Zip

How long? _____

Telephone: _____

Email: _____

Position applying for: _____

Days/Hours available for work:

No Pref _____

Thur _____

Mon _____

Fri _____

Tue _____

Sat _____

Wed _____

Sun _____

Desired salary: _____

How many hours can you work weekly? _____

Are you able to work nights? _____

Employment desired: _____

Full-time only

Part-time only

Full- or Part-time

When are you available to begin work: _____

EDUCATION & OTHER INFORMATION

Type of School	Name of School	Address	# of years completed	Major & Degree
High School				
College				
Business or Trade School				
Professional School				

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DO YOU HAVE A DRIVER'S LICENSE?

Yes

No

What is your means of transportation to work?

Have you had any accidents in the last three years?

How many?

Have you had any moving violations in the past three years?

How many?

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Company: _____

Company: _____

Position: _____

Position: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the armed forces?

Yes

No

Are you currently a member of the national guard?

Yes

No

Specialty: _____

Date Entered: _____

Discharge Date: _____

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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Job One

Name of Employer:	Name of Last Supervisor:	<u>Employment Dates:</u>	<u>Salary:</u>
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Last Job Title/Position:		
Reason for leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Job Two

Name of Employer:	Name of Last Supervisor:	<u>Employment Dates:</u>	<u>Salary:</u>
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Last Job Title/Position:		
Reason for leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

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Job Three			
Name of Employer:	Name of Last Supervisor:	<u>Employment Dates:</u>	<u>Salary:</u>
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Last Job Title/Position:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

EMPLOYMENT APPLICATION FORM

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Downtown Spokane Development Association (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Downtown Spokane Development Association, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Downtown Spokane Development Association may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal if hired, at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand employment may be contingent upon receipt of an alien registration number.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I hereby acknowledge that I have read the above statement, understand it, and that all information furnished by me on this application is true and correct.

Signature of applicant:

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.