

Artistic Treeworks

2716 Van Giesen Street
Richland, WA 99354
(509) 943-4604

EMPLOYMENT APPLICATION

Driver's License# _____

State Issued: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Date of Birth*: _____

*The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 70, years of age

Have you ever applied to Artistic Treeworks before? YES NO If yes, when? _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Communication

What languages do you speak fluently? _____
Read? _____
Write? _____

Previous Employment

Company: _____ Phone: _____
City, State: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
City, State: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
City, State: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Drug-Free Workplace

Artistic Treeworks is a drug-free workplace. Do you understand that compliance is a necessary condition of employment, and do you agree to submit to pre-employment drug screening? YES NO

Military Service

Have you ever served in the military? YES NO
Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Reserve Status: _____

Physical Record

Do you have any physical limitations that would prevent you from performing any work that you are being considered for? YES NO

Have you ever been injured? If yes, when? _____ YES NO

Do you have any limitations in: Hearing, Vision, or Speech? YES NO

If yes, please explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Phone: _____ Years Known: _____
Address: _____

Full Name: _____ Relationship: _____
Phone: _____ Years Known: _____
Address: _____

Full Name: _____ Relationship: _____
Phone: _____ Years Known: _____
Address: _____

Emergency Contact

Name: _____ Phone: _____
Address: _____
Relation: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, and authorize investigation of all statements contained in this application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the payment date of wages, be terminated at any time without previous notice.

Signature: _____ Date: _____