

SAV-MART

1729 N. Wenatchee Avenue • Wenatchee, WA 98801

savmart@nwi.net

(509) 663-1671

APPLICATION FOR EMPLOYMENT		Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.		
P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City	State	Zip	Business Phone Cell Phone
	Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month and Year /			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available to work full-time? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what hours can you work?			Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and location of school	Course of Study	No. of Years	Did you Graduate?	Degree or Diploma
	College				Circle one Yes No	
	Business /Trade Technical				Circle one Yes No	
	High School				Circle one Yes No	
	Elementary				Circle one Yes No	

EMPLOYMENT		Please give accurate, complete full-time and part-time employment record. Start with you present or most recent employer.
1	Company Name	Telephone Number
	Address	Employed - (Month and Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay: Start: _____ Last: _____
	Job Title, Describe Your Work	Reason for Leaving
2	Company Name	Telephone Number
	Address	Employed - (Month and Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay: Start: _____ Last: _____
	Job Title, Describe Your Work	Reason for Leaving
3	Company Name	Telephone Number
	Address	Employed - (Month and Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay: Start: _____ Last: _____
	Job Title, Describe Your Work	Reason for Leaving
4	Company Name	Telephone Number
	Address	Employed - (Month and Year) From: _____ To: _____
	Name of Supervisor	Weekly Pay: Start: _____ Last: _____
	Job Title, Describe Your Work	Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact.		Employer Number Reason
MILITARY		Did you serve in the United States armed forces? Yes <input type="checkbox"/> No <input type="checkbox"/> Check One
		If "YES" What Branch?
Describe any training received relevant to the position for which you are applying.		
SIGNATURE	The information provided in this application for Employment is true, correct, and complete. If Employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigate consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	Date: __/__/____ Signature: _____	