

Employment Application

Thomas Building Center, Inc.

Equal
Opportunity
Employer

301 W. Washington St. Sequim WA 98382
Phone: (360) 683-3393 Fax (360) 683-8447

Drug Free
Workplace

Personal Information

Name: <small>First</small>		<small>Last</small>		<small>Middle</small>		<small>Date</small>	
Address		City		Zip		State	
						How Long?	
						Telephone	
Are you involved in any activities or commitments that may interfere with your attendance?							
Are you a legal U.S. Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no				Have you ever applied here before? <small>when?</small>			

Employment Interests and Skills

Type of employment desired: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Hours: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Salary Expected:	Date Available for Work:
Jobs Preferred	
Specialized Skills or Training	

Education

School	Name and Address of School or College	Date		Major Studies	Graduation		GPA
		From	To		Degree	Date	
High School							
College							
Trade or Business School							

Military

Branch of Service	Rank	Dates	What specialized training did you receive?
		to	

Employment Experience

Give past employment record as completely as possible, starting with your present or last employer. (If space is insufficient list on separate page or attach resume.) For any unemployed or self-employed periods, show dates and reasons.

Employer Name and Address City and State	Date		Immediate Supervisor (Name and Telephone)	Your Position and Salary	Reason for Leaving
	From	To			

Employment Experience (Continued)

Employer Name and Address City and State	Date		Immediate Supervisor (Name and Telephone)	Your Position and Salary	Reason for leaving
	From	To			

Activities

List school, civic or business activities and office held. (Exclude those which indicate race, color, religion or national origin)

Hobbies:

Leisure time interests:

References

Give names of three persons to whom you are not related and by whom you have not been employed. These people should have known you for several years.

Full Name	Address(street, city, state & zip code) phone number	Occupation	Years Acquainted

Give names of any relatives (other than spouse), and /or acquaintances, in the employ of Thomas Building Center, Inc.

Full Name	Address(street, city, state & zip code) phone number	Occupation	Years Acquainted

Additional Information for Placement Consideration

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the company's service if I have been employed. I understand that employment is subject to physical examination in which my health is found to be satisfactory to the company. I understand that if I am employed, a certified birth certificate or other evidence of birthplace and citizenship is required.

Applicant's Signature: _____

Date Signed: _____