



265 2nd Street, Stevenson, WA 98648
 Phone: 509.427.5491 | Fax: 509.427.4388

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone	Mobile Telephone	Email Address	

Can you provide required proof of your eligibility to work in the United States?

(Proof of eligibility to work in the United States will be required upon employment.) Yes No

Have you ever applied to work with us before? Yes No If Yes, give date _____

Have you ever been employed with us before? Yes No If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available to work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Days/times available: Sunday _____ Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____

Have you been convicted of a crime within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, sexual orientation or any other legally protected status.

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Employment Experience

Start with your current and/or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, sexual orientation or other protected status. If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
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Job Title			
Reason for Leaving			

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Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days, and that if I wish to be considered for employment beyond this time period I should inquire as to whether or not applications are being accepted at that time.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT I MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE ME AT ANY TIME AND FOR ANY OR NO REASON, AND WITH OR WITHOUT NOTICE.

In the event I am hired, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

**Please return application in person, or mail to PO Box 789, Stevenson, WA 98648.
They may also be returned by email to andra@ajmarket.com**

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