



Job Application

Phone: 360-615-5631
www.enumclawexpocenter.com

45224 284th Ave SE
 Enumclaw, WA 98022

Personal Information

Last		First		MI	Application Date	Email
Street Address			City	State	Zip	Phone Number
Are you entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available to start:
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain:		
Military Service: Branch		From:	To:	Rank of Separation:		Veteran of which War:
What position are you applying for?				Do you possess a current WA State Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				If you are offered the job, are you willing to undergo a pre-employment drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No Background check? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected Hourly Rate		Expected Weekly Hours		How did you hear about this position?		

Prior Work Experience

	Current or Most Recent	Prior
Employer		
Address		
City, State, ZIP		
Telephone		
Name of Immediate Supervisor		
Dates of Employment	From To	From To
Position/Job Title		
Pay		
Reason for Leaving		
May We Contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	Name/Location	Year Completed	Degree	Major or Emphasis
High School				
College/University				
Trade School				
Other				
Typing (WPM):	What software/programs are you proficient with?			
List any applicable special skills, training or proficiencies.				

Personal References

Name		
Address		
City, State, ZIP		
Telephone		
Relation		
Years Known	<input type="checkbox"/> — <input type="checkbox"/>	<input type="checkbox"/> — <input type="checkbox"/>

Professional References

Name		
Address		
City, State, ZIP		
Telephone		
Relation		
Years Known		

Employment History

	Current or Most Recent	Prior
Employer		
Address		
City, ST, ZIP		
Telephone		
Name of Immediate Supervisor		
Dates of Employment	From To	From To
Position/Job Title		
Pay		
Reason for Leaving		
May We Contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature	Date
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