

Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, marital status, sexual orientation, or veteran status.



Date: _____
 Name: _____
 Address: _____
 City: _____
 State/Province: _____
 Zip/Postal Code: _____
 Date of Birth: _____
 Have you ever applied for employment with us? Yes No
 If yes: Date _____ Location _____
 Home Phone: _____
 Cell Phone: _____
 Position applied for: _____
 Salary Desired: _____

Corporate Office
 Northwest Seed & Pet
 P.O. Box 4096
 Spokane, WA. 99202
 Phone: 509-534-0694
 Fax: 509-535-4937
www.nwseed.com

East Sprague Store #1
 Northwest Seed & Pet
 2422 E. Sprague Ave.
 Spokane, WA. 99202
 Phone: 509-534-0694
 Fax: 509-535-4937
www.nwseed.com

North Division Store #2
 Northwest Seed & Pet
 7302 N. Division St.
 Spokane, WA. 99208
 Phone: 509-484-7387
 Fax: 509-482-2613
www.nwseed.com

 facebook.com/NorthwestSeedandPet

Hours Available to Work:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" with what employer? _____
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, employment is subject to verification of age.</i>

_____ Full Time _____ Part Time _____ Full or Part Time

When are you available to begin work? _____ Will you work overtime if asked? Yes No

Education

Type of School	Name of school and complete mailing address	# of years completed	Major or Degree
High School			
College, Business, or Trade School			
Professional School			
Other			
Special Training or Skills (Language, machine operations, etc.)			

Military

Did you serve in the U.S. Armed Forces? Yes No If "Yes" what branch? _____

Describe any training received relevant to position for which you are applying.

Previous Employment (list up to 3)

1.
Name of Employer: _____
Name of last supervisor: _____
Date of employment:
From: _____ To: _____
Salary:
From: _____ To: _____
Complete Address: _____
Phone #: _____
Last job title: _____

Reason for leaving: (be specific)

List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company.

May we contact this employer? _____ Yes _____ No

2.
Name of Employer: _____
Name of last supervisor: _____
Date of employment:
From: _____ To: _____
Salary:
From: _____ To: _____
Complete Address: _____
Phone #: _____
Last job title: _____

Reason for leaving: (be specific)

List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company.

May we contact this employer? _____ Yes _____ No

3.
Name of Employer: _____
Name of last supervisor: _____
Date of employment:
From: _____ To: _____
Salary:
From: _____ To: _____
Complete Address: _____
Phone #: _____
Last job title: _____

Reason for leaving: (be specific)

List jobs held, duties performed, skills used or learned, advancements, or promotions while you worked at this company.

May we contact this employer? _____ Yes _____ No

Computer Skills:

Computers Platforms:

_____ PC _____ Mac _____ Both

Computer Applications (list all that apply):

Words per minute able to type: _____

Other technology Skills that may apply:

Please list 2 References other than relatives and previous employers

Name	1.	2.
Company		
Position		
Telephone		

Emergency Contact Information

Name	Phone number	Address	Relationship to you

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Signature

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 if I have been employed. I understand that employment may be subject to a physical examination, including drug testing, 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. 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.

Signature: _____

X _____

Date: _____

X _____

OFFICE USE ONLY

Application taken by: _____

Comments:

Interviewed by: _____

Comments:

Date Hired: _____

Employee Number: _____

Comments: