COMPLETE DESIGN, INC. APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, OR MARITAL STATUS, THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Today's Date: _____

Position Sought: _____ How did you learn about the position: _____

Full Name: _____ Previous Name or Aliases: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary: _____ Email: _____

Social Security Number: _____-_____-_____ Date of Birth: _____ (***WAC 162-12-140)***

Date available to start work: _____ Desired Wage: _____ [ ] Hourly [ ] Salary

Are you a U.S. Citizen, or otherwise authorized to work in the U.S., without any restriction? [ ] Yes [ ] No

Have you ever been enlisted in the Armed Forces? [ ] Yes [ ] No Are you actively enlisted? [ ] Yes [ ] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ] Yes [ ] No

If yes, please describe circumstances:_____

_____

Are you open to relocating for this position? [ ] Yes [ ] No

EDUCATION

Institute & Location	Dates Attended	Degree Received	Major

Type of License(s) Held: _____ State: _____

License Number: _____ License Expiration Date: _____

Type of License(s) Held: _____ State: _____

License Number: _____ License Expiration Date: _____

Additional training, certifications, or professional memberships:_____

_____

EMPLOYMENT HISTORY

(Most Recent Descending)

1. Employer_____ Position_____
Dates Employed_____-_____ Prior Position Held within Company (if any): _____
Address_____ City_____ State_____ Zip_____
Phone_____ Supervisor _____ Title _____
Starting Wage/Salary_____ Ending Wage/Salary_____
Duties Performed _____
Reason for Leaving _____
May we contact your most recent employer? [ ] Yes [ ] No

2. Employer_____ Position_____
Dates Employed_____-_____ Prior Position Held within Company (if any): _____
Address_____ City_____ State_____ Zip_____
Phone_____ Supervisor _____ Title _____
Starting Wage/Salary_____ Ending Wage/Salary_____
Duties Performed _____
Reason for Leaving _____
May we contact your most recent employer? [ ] Yes [ ] No

3. Employer_____ Position_____
Dates Employed_____-_____ Prior Position Held within Company (if any): _____
Address_____ City_____ State_____ Zip_____
Phone_____ Supervisor _____ Title _____
Starting Wage/Salary_____ Ending Wage/Salary_____
Duties Performed _____
Reason for Leaving _____
May we contact your most recent employer? [ ] Yes [ ] No

4. Employer_____ Position_____
Dates Employed_____-_____ Prior Position Held within Company (if any): _____
Address_____ City_____ State_____ Zip_____
Phone_____ Supervisor _____ Title _____
Starting Wage/Salary_____ Ending Wage/Salary_____
Duties Performed _____
Reason for Leaving _____
May we contact your most recent employer? [ ] Yes [ ] No

PROFESSIONAL REFERENCES

Name _____Relation _____

Address_____ City_____ State_____ Zip_____

Phone _____ Email: _____

Name _____Relation _____

Address_____ City_____ State_____ Zip_____

Phone _____ Email: _____

Name _____Relation _____

Address_____ City_____ State_____ Zip_____

Phone _____ Email: _____

ACKNOWLEDGMENT AND AUTHORIZATION

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

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

This application for employment shall be considered active for a period of time, not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time may inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination.

I understand, also, that I am required to abide by all rules, regulations, and standards of the employer.

_____ _____

Signature of Applicant Date

APPLICATION SUBMITTAL OPTIONS

Employment Application, Resume, and Cover Letter

Email: info@completedesign.cc
Mail: PO Box 1914, Wenatchee, WA 98807-1914
Office: 353 Malaga-Alcoa Hwy, Suite 3, Wenatchee, WA 98801