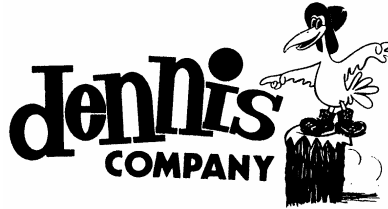


APPLICATION FOR EMPLOYMENT



RAYMOND-146 5th Street-(360) 942-2427
 LONG BEACH-2nd & Pacific-(360) 642-3166
 ELMA-115 S. 4th-(360) 482-2421
 MONTESANO-413 Pioneer W.-(360) 249-4821
 ABERDEEN-220 North Boone-(360) 538-6727

DENNIS COMPANY IS A DRUG FREE WORKPLACE

NAME	LAST	FIRST	MIDDLE	THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. PLEASE LET US KNOW IF YOU NEED ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS.	
ARE YOU OVER THE AGE 18?			TODAY'S DATE		
YES <input type="checkbox"/> NO <input type="checkbox"/>					
WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT?	SALARY DESIRED		DATE AVAILABLE		
YES <input type="checkbox"/> NO <input type="checkbox"/>					
PRESENT ADDRESS:	STREET	CITY	STATE	ZIP CODE	HOME PHONE
FORMER ADDRESS:	STREET	CITY	STATE	ZIP CODE	MESSAGE PHONE

POSITION APPLYING FOR: FULL TIME PART TIME

EDUCATION RECORD

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	YRS. LEFT	MAJOR MINORS	DEGREE RECEIVED
HIGH SCHOOL						
COLLEGE						
COLLEGE						
OTHER						

EMPLOYMENT RECORD

EMPLOYER	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE
NAME	FROM	STARTING	STARTING	YES
	TO	ENDING	ENDING	NO
SUPERVISOR PHONE		REASON FOR LEAVING		
NAME	FROM	STARTING	STARTING	YES
	TO	ENDING	ENDING	NO
ADDRESS		REASON FOR LEAVING		
SUPERVISOR PHONE		REASON FOR LEAVING		
NAME	FROM	STARTING	STARTING	YES
	TO	ENDING	ENDING	NO
ADDRESS		REASON FOR LEAVING		
SUPERVISOR PHONE		REASON FOR LEAVING		

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS AND EXPLAIN

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO

IF YES, PLEASE EXPLAIN CIRCUMSTANCES:

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OVER →

WHO REFERRED YOU TO THIS FIRM?

HAVE YOU EVER BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSE?

IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT AND DISPOSITION. A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT

IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

MILITARY				
BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	SPECIALTY

EXPERIENCE

Ten Key Calculator _____ Computer Systems _____ Typewriter _____ Word Processing _____ Cash Handling _____ Hardware/Construction _____
 Heavy Equipment _____ Inventory Ordering/Stocking _____ Customer Service _____ Volunteer Work _____

Indicate any other skills related to the position you are seeking _____

REFERENCES

List three professional references who are familiar with the quality of your work, have worked directly with you, and have known you for at least two years.

1. Reference				
Work phone ()		Home phone ()		
Address		City	State	
Relationship				
2. Reference				
Work phone ()		Home phone ()		
Address		City	State	
Relationship				
3. Reference				
Work phone ()		Home phone ()		
Address		City	State	
Relationship				

As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be contingent upon the successful passing of a physical.

I certify that the information given by me to (Employer) is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with (Employer's) interest or those of its clients, nor will I become engaged in any such activity or business if employed.

I authorize (Employer) to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release (Employer) from any liability for future references it may provide regarding my work history at the firm. I understand that an investigative consumer report may be obtained through personal interviews with my neighbors, friends, or associates. If I am refused employment on the basis of such a report upon written request from me within a reasonable time, I have a right to a complete and accurate disclosure of the nature and scope of the investigations requested by (Employer).

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either (Employer) or myself. I understand that no representative of (Employer), other than an owner, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if (Employer) advances any paid leaves before it has been accrued, or allows me to charge merchandise during the course of my employment, or if I lose, damage, or fail to return any firm property, the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature _____ Date _____

Applicant