

CAPITAL DEVELOPMENT COMPANY

711 Sleater-Kinney Road SE
Lacey, WA 98503
Mailing Address
P.O. Box 3487
Lacey, WA 98509-3487
Telephone: (360) 491-6850
FAX: (360) 459-8747

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, national origin, marital status, or handicap, unless based on a bona fide occupational qualification.

Position applied for: _____ Date: _____

Name: _____ SS#: _____

Birth Date: _____

Address: _____ Phone: () _____
Street City State Zip

Are you over 18 years of age? Yes No

Are you legally eligible for employment in the U.S.A.? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Are there any hours, shifts, or days you cannot or will not work? _____

Shift preferred: _____ Part time: _____ Full time: _____

Are you willing to work overtime if required? Yes No

Washington State Driver's License Number: _____

Any traffic convictions/accidents in the last three years? Yes No

If yes, please list: _____

List relatives working here: _____

Do you have a physical or medical condition which would limit your ability to perform the functions of the job applied for?

Yes No

Describe the condition and explain work limitations: _____

Have you been convicted of a crime or served time in jail or prison within the last seven years? Yes No

If yes, please list: _____

Education	Name and Location of School	Years Attended	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training Education				
Other Training Education				

In addition to your work experience (reverse side), what other experiences, skills, or qualifications would especially fit you for this position?

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? [] Yes [] No Branch _____

Dates of duty _____ to _____ Applicable Skills Acquired _____

Wage or salary required \$ _____ When can you start _____

WORK HISTORY May we contact your present employer? [] Yes [] No

Please provide the last ten year's work history. Attach additional sheets if necessary.

1. Present or Most Recent Employer		Address	Phone
Date Started	Starting Salary	Starting Position	
	\$ _____ Per		
Date Left	Salary on Leaving	Position on Leaving	
	\$ _____ Per		
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	
2. Previous Employer		Address	Phone
Date Started	Starting Salary	Starting Position	
	\$ _____ Per		
Date Left	Salary on Leaving	Position on Leaving	
	\$ _____ Per		
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	
3. Previous Employer		Address	Phone
Date Started	Starting Salary	Starting Position	
	\$ _____ Per		
Date Left	Salary on Leaving	Position on Leaving	
	\$ _____ Per		
Name and Title of Supervisor			
Description of Duties		Reason for Leaving	

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal. I hereby authorize Capital Development Company to conduct a criminal history check with the local police department, a thorough background investigation of my prior educational and work history, and verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.

Applicant's Signature _____ Date _____

