

# Washington Fire Safety Supply EMPLOYMENT APPLICATION

### GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type or print in ink. Fax to 425-397-4085
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

### HOW DO WE CONTACT YOU?

Name \_\_\_\_\_

People First Employee ID Number (if any) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### HIGH SCHOOL:

NAME / LOCATION OF SCHOOL \_\_\_\_\_ RECEIVED:  Diploma  Other (specify) \_\_\_\_\_  None

OUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

### COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

### JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: \_\_\_\_\_

### LICENSURE, REGISTRATION, CERTIFICATION

#### LICENSE, REGISTRATION OR CERTIFICATION:

Number	Date Received	Expiration Date	State Licensing Agency

# PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

**1** Name of Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

**2** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

**3** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_ (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

**4** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK:      (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**5** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK:      (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**6** Name of Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

FROM:      /      /      TO:      /      /      HOURS PER WEEK:      (\_\_\_\_\_)  
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

## KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek

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## BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES

NO

If "YES", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES

NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_

Date: \_\_\_\_\_

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?

YES

NO

If "YES", what charges? \_\_\_\_\_

Where? \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

## CITIZENSHIP

You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN?

YES

NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING?

YES

NO

## RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY?

YES

NO

## CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Washington Fire Safety Supply for employment purposes. This consent shall continue to be effective during my employment if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_