

Application for Employment



09.03

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position (s) Applied for	Date of Application
How Did you Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Website
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Initial
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip</i>	
Telephone Number (s)		Social Security Number
Home:	Cell:	

Best time to contact you is:	_____:	_____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with us before? If Yes, give date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been employed with us before? If Yes, give date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do any of your friends or relatives, other than spouse, work here? If Yes, state name, relationship and location	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of any crime in the last 10 years? If yes, please explain. (A conviction will not necessarily bar you from employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date available to work ____ / ____ / ____ What is your desired salary range? _____			
Are you available to work:	<input type="checkbox"/> Full		
	<input type="checkbox"/> Part Time		
Are you willing to work overtime as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed <i>from</i>	<i>to</i>
Address		
Telephone Number (s)	Present Job Title	
Hourly Rate/Salary <i>starting</i>	<i>final</i>	Supervisor
Reason for Leaving	May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed		
Employer	Dates Employed <i>from</i>	<i>to</i>
Address		
Telephone Number (s)	Present Job Title	
Hourly Rate/Salary <i>starting</i>	<i>final</i>	Supervisor
Reason for Leaving	May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed		
Employer	Dates Employed <i>from</i>	<i>to</i>
Address		
Telephone Number (s)	Present Job Title	
Hourly Rate/Salary <i>starting</i>	<i>final</i>	Supervisor
Reason for Leaving	May we contact?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed		

Comments: Include explanation of any gaps in employment

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualification acquired from employment or other experience.*

SPECIALIZED SERVICES (skills/equipment operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> MAC			

State any additional information you feel may be helpful to us in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given YES NO

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving 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 period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. All employment is contingent upon a negative drug test which will be administered prior to the employee's first day of work

I also agree that if I accept a position with SanMar, my employment will be for an unspecified term and may be terminated at-will by either SanMar or myself, with or without reason and with or without notice. No words or actions of SanMar will be deemed to create an express or implied contract of employment for a specified term.

Signature of Applicant

Date

Supplemental Application

Are you available to work any shift from 6:00am until 5:00pm, Monday through Friday?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when are you available to start? _____		
What about the Account Executive position and SanMar interest you? _____		
How long of a commitment can you give to the position? _____		
To the company? _____		
What is your ideal 5 year professional goal? _____		
Tell us something about yourself that is not on your resume _____		

Please mail entire application to:
SanMar • Attn: Deborrah Hart • 30500 SE 79th Street • Issaquah, WA 98027
or fax to **206.727.3203**