

Living In Fulfilling Environments Inc. P.O. Box 7227 Spokane, WA 99207 Office # (509) 922-6351 Fax# (509) 922-7565

Minimum Qualifications for employment:

- 18 years of age or older
- High school diploma or GED
- Driver's license, auto insurance and reliable transportation
- Ability to lift 50 pounds

(PLEASE PRINT)

	Today's date					
Name (in full)						
Street Address_						
City		State	Zip Code			
Phone	Pager/Cell or Alternate Phone (if any)					
Position you are	e applying for					
How did you he	ar about us? □ Newspaper □ Employment Agend		end (name) ner			
Are you authori	zed to work in this country? \Box YE	S □ NO				
Do you have a h	nigh diploma or GED? 🗖 YES 🗖	NO				
Are you a U.S.	Veteran? 🗆 YES 🗖 NO					
Driver license n	umber and State		Expiration			
Auto Insurance	Company					
	TB Test in the past year? □ YES Food Handler's Card? □ YES	□ NO			□ NO □ NO	

Do you prefer:	□ Full-time (40 hours per week)		or	□ Part-time (less than 30 hours per week)	
	□ Days	□ Evenings/Swings		□ Nights/Graveyard	
Please state any days of the week you <i>cannot</i> work					

PREVIOUS EMPLOYMENT

- Give employment history in chronological order, beginning with most recent position and going back.
- Please account for any gaps in employment history of more than three months.

	Present or last employer	
Name of firm		
Address		
Phone number		
Name of Supervisor		
Nature of business		
Dates of employment		
Position(s) held		
Job duties		
Ending salary		
Reason for leaving		

Prior to that, I was employed by:

Name of firm	
Address	
Phone number	
Name of Supervisor	
Nature of business	
Dates of employment	
Position(s) held	
Job duties	
Ending salary	
Reason for leaving	

PREVIOUS EMPLOYMENT (continued)

Name of firm		
Address		
Phone number		
Name of Supervisor		
Nature of business		
Dates of employment		
Position(s) held		
Job duties		
Ending salary		
Reason for leaving		
	Prior to that, I was employed by:	
Name of firm		
Address		
Phone number		
Name of Supervisor		
Nature of business		
Dates of employment		
Position(s) held		
Job duties		
Ending salary		
Reason for leaving		
EDUCATION	Name of School/Location	When graduated?

High School		
Business/Trade		
College/University		
Graduate/Professional		
PERSONAL REFERENCEPlease provide us two	S persons to whom you are not related and by whom you have	not been employed.
Name		
Address		
Phone Number		
Name		
Address		
Phone Number		
Summarize special skills and	qualifications acquired from employment, volunteer work, or	other experience.

JOB APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I authorize any of the persons and organizations listed by me on this application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to conform to the rules and regulations of the company. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. I understand that no representative of the company has any authority to

enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this agreement.

I have read and understand this acknowledgment.

Signature_____

Date

Please print name_____