THE OLD CANNERY FURNITURE WAREHOUSE

EMPLOYMENT APPLICATION

This company is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, veteran status or physical or mental disability in accordance with applicable laws.

Please Print

BIOGRAPHIC DATA: Name (Last, First, M.I.) Today's Date Address Street Number Apt.No. City State Zip Business Home Telephone _____ Who referred you to this company? _____ Are you authorized to work in the U.S.? Yes \square No \square Yes □ No □ If yes, who? Do you have relatives presently employed with this company? Do you know anyone who works Yes □ No □ If yes, who?_____ this company? Person to contact in case of emergency Telephone Number **OTHER DATA:** Position applied for Salary Desired Have you ever worked for this company before? Yes □ No □ What was the reason for leaving the Old Cannery?______ Have you previously applied for employment at this company? Yes \square No \square If so, when and under what name?____ Have you been convicted of a crime (for example; thefts, fraud, embezzlement, drugs, narcotics, inflicting bodily injury or other crimes against persons, etc.) within the last seven years? If yes, list dates, offenses, and disposition (convictions are not automatic disqualification from employment). If hired, a background check will be conducted. Do you have any commitments or obligations that would prevent you from meeting regular work attendance Yes □ No □ requirements? Working Overtime? Yes □ No □ Working Weekends? Yes □ No □

MILITARY: Branch of Military Service______ From_____ To_____ Rank Specialty PHYSICAL RECORD: Are you currently able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? Yes □ No □ If your answer is yes, with reasonable accommodation, describe the accommodation. **EDUCATION:** Graduated? Degree/Diploma Yes No Major High School College/University Trade, Business or Correspondence School Activities, Offices, Honors, Etc. **EMPLOYMENT HISTORY:** Name of Current or Most Recent Employer: _______Telephone Number____ Employer Address Position Title______ Supervisor Name & Title_____ Employed From: Employed To: Month Year____ Month Year Reason for Leaving Description of Job Duties____ **EMPLOYMENT HISTORY:** Name of Employer Telephone Number Employer Address Position Title______ Supervisor Name & Title_____ Employed To: Employed From: Month Year ____ Month Year Reason for Leaving Description of Job Duties_____

EMPLOYMENT HISTORY: Name of Employer______Telephone Number_____ Employer Address Supervisor Name & Title_____ Position Title Employed From: Employed To: Month Year Month Year Reason for Leaving Description of Job Duties **PERSONAL REFERENCES:** List below the names of Two (2) persons, other than former employers or relatives, who would be willing to provide professional or character references for you. Years Name Address Business Phone No. Acquainted Years Address Business Phone No. Acquainted Name **RELATIVES EMPLOYED BY OLD CANNERY:** List the names of any relatives already employed by the Old Cannery or its competitors in Pierce and King Counties: Relation to You Name of Business for whom they work Name Name Relation to You Name of Business for whom they work Name Relation to You Name of Business for whom they work Name of Business for whom they work Name Relation to You **OTHER INFORMATION:** Please list other skills and qualifications that apply:

IMPORTANT NOTICE

By signing this application, I understand and agree to the following:

The company reserves the right to change or make exception to its personnel policies, procedures and benefits, including those for retirees, at any time without notice. Neither this document nor any other company policies, procedures and communications are intended to be interpreted as a promise or guarantee of future or continued employment or as stating provisions and terms of employment. The company and its employees recognize their mutual right to end their employment relationship at any time and acknowledge that such relationship is one of employment at will. No representative of the company has authority to make any agreement to the contrary.

I hereby authorize the company or those acting on its behalf to investigate all statements contained in this application. I certify that the statements are true and correct to the best of my knowledge and that any misstatement may result in termination from the company at any time. To enable the company to fulfill its responsibilities under the Immigration and Control Act of 1986, employment is subject to providing proof of identity and authorization to work in the United States satisfactory to the company.

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performance. I understand the	o release information to the Old of at any offer of employment is conce inquiries. (Please initial	ntingent upon the	•
Applicant's Signature		Date_	
	FOR COMPANY USE ON	LY	
Starting Date:	SALARY		
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	Supervisor Name		