

# 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.) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Address Street Number \_\_\_\_\_ Apt.No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ Who referred you to this company? \_\_\_\_\_

Are you authorized to work in the U.S.? Yes  No

Do you have relatives presently employed with this company? Yes  No  If yes, who? \_\_\_\_\_

Do you know anyone who works this company? Yes  No  If yes, who? \_\_\_\_\_

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

If yes, when and under what name? \_\_\_\_\_

What was the reason for leaving the Old Cannery? \_\_\_\_\_

Have you previously applied for employment at this company? Yes  No

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 requirements? Yes  No

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:**

	From/To (Year)	Grade Avg.	Degree/Diploma	Major	Graduated? Yes No
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: \_\_\_\_\_ Starting Salary \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_ Starting Salary \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Ending Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Title \_\_\_\_\_ Supervisor Name & Title \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_ Starting Salary \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Ending Salary \_\_\_\_\_

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.

Name	Address	Business	Phone No.	Years Acquainted

Name	Address	Business	Phone No.	Years Acquainted

**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:

Name	Relation to You	Name of Business for whom they work

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**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.

I hereby authorize the company or those acting on its behalf to conduct an investigation of my background including criminal history and motor vehicle records. (Please initial\_\_\_\_\_)

I authorize past employers to release information to the Old Cannery regarding my work history and performance. I understand that any offer of employment is contingent upon the Old Cannery obtaining satisfactory responses to reference inquiries. (Please initial\_\_\_\_\_)

**DRUG STATEMENT**

We require drug testing for all job applicants.

Please call this office within Twenty-Four (24 hours for the results, date and time of work. We need valid phone numbers to call you back.

Applicant's  
Signature\_\_\_\_\_ Date\_\_\_\_\_

**FOR COMPANY USE ONLY**

Starting Date:

\_\_\_\_\_

**SALARY**

\$\_\_\_\_\_

Semi-monthly

\$\_\_\_\_\_

Hourly

Supervisor Name

\_\_\_\_\_