



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____			Social Security #
	Position Desired			Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			E-mail Address

	School	Name and Location of School	Course of Study	Year Graduated	G.P.A.	Degree or Diploma
E D U C A T I O N	Graduate					
	College					
	Business/Trade/ Technical					
	High School					
	Elementary					

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Do you have experience in, or have you ever worked in a similar business before? Yes No

If yes, please explain (including length, position, and business): _____

Have you ever been employed by ABEYTA NELSON P.C.? Yes No

If yes, explain reason for leaving: _____

Have you ever been employed or attended school using any other name? Yes No

If yes, please explain: _____

Have you ever been CONVICTED, PLED GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any crime other than traffic violations? (NOTE: Applicants for positions in Washington State should NOT list any conviction for which the date of conviction or prison release, whichever is more recent, is more than seven years old.) Yes No

If yes, explain: _____

(Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)

Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, posting, job description, etc., with or without reasonable accommodation? Yes No

If no, explain: _____

Do you smoke? Yes No

Are you fluent in speaking and/or writing any other language in addition to English? Yes No

If yes, what language? _____

Do you have a reliable means of transportation to work? Yes No

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Typing WPM: _____

Word Processing? Yes No

Computer(s): _____

Software: _____

List any special courses, training, or other skills which would assist you in performing the job applied for: _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

MILITARY

Did you serve in the U.S. Armed Forces?

If "Yes," in what Branch?

Yes

No

Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin.)

SPECIAL SKILLS/EXPERIENCE

Describe any special skills and/or experience relating to the position for which you are applying.

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I affirm that the facts set forth above are true and complete to the best of my knowledge.

I hereby authorize investigation of all information contained in this application and also authorize full disclosure of my current and prior work records by any employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer. False statements in this application may result in a refusal to hire or for my dismissal once the facts become known.

I further understand that hiring by this Corporation may require a pre-employment physical examination by a Corporation-designated physician and that, if required, hiring is contingent upon receipt of a satisfactory medical evaluation.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by this Corporation such employment will not result in a contract for employment and the Corporation may terminate my services at any time for any reason or no reason at all. I further recognize that if I am employed by the Corporation I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules, and regulations are subject to change by the Corporation with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by the Corporation. I recognize I may be required to work overtime as needed.

I UNDERSTAND THAT NO REPRESENTATIVE OF THE CORPORATION HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT ALTERING THE TERMINABLE-AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE PRESIDENT OF THE CORPORATION.

_____ Date

_____ Signature