Methow Valley Family Home Center Association

109 Norfolk / PO Box 1260 / Winthrop WA 98862 509-996-4417

Employment Application	(Background	Check Required)

			Applicar	nt Informat	ion						
Full Name:								Date:			
Address:	Last First				M.I.						
	Street Address					Ap	artment	/Unit #			
	City					Sta	ate	ZIP (Code		
Phone: ()		E-	mail Addres	SS:						
Date Availab	ole:	Social Sec	curity No.:			Desired S	Salary:	\$			
Position App	lied for:		YES NO						YES	NO	
Are you a cit	izen of the Unite	ed States?	YES NO	lf no, are	you aut	horized to v	vork in	the U.S.?			
Have you ev	er worked for th	is company?		lf yes, wh	en?						
Have you ev	er been convict	ed of a felony?	YES NO								
lf yes, explai	n:										
			Ed	ucation							
High School	:		Addres	s:							
From:	To:	Die	d you graduate	YES	NO	Degree:					
College:			Addres								
From:	To:	Die	d you graduate	YES		Degree:					
Other:			Addres								
From:	To:	Die	d you graduate	YES		Degree:					
			Ref	erences							
Please list t	hree professior	nal references.									
Full Name:				Relations	hip:						
Company:						Phone:	()			
Address:											
Full Name:				Relations	hip:						
Company:						Phone:	()			
Address:											
Full Name:				Relations	hip:						
Company:						Phone:	()			
Address:											

Previous Employment								
Company:				Phone:	()		
Address:				Supervisor:				
Job Title:		Starting Salary:	\$		Endi	ng Salary:	\$	
Responsibilities:								
From:	To:	Reason for Leaving:						
May we contact your p	revious superv	visor for a reference?		NO				
Company:				Phone:	()		
Address:				Supervisor:				
Job Title:		Starting Salary:	\$		Endi	ing Salary:	\$	
Responsibilities:								
From:	To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?								
Company:				Phone:	()		
Address:				Supervisor:				
Job Title:		Starting Salary:	\$		Endi	ing Salary:	\$	
Responsibilities:								
From:	To:	Reason for Leaving:						
May we contact your p	revious superv	visor for a reference?		NO				
Military Service								
Branch:				From:		To:		
Rank at Discharge: Type				of Discharge:				
If other than honorable, explain:								
Disclaimer and Signature								

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:

Required for employment: Background check, CPR/First Aid, Food Handler's Certificate. Submit any previous certificates, registrations, relevant classes or in-service certificates. Random Drug Screening possible.