EMPLOYMENT APPLICATION

DATE: _____



13395 Lagoon Dr NW, Seabeck, WA 98380 www.seabeck.org seabeck@seabeck.org 360-830-5010

PERSONAL DA	АТА								
NAME (Last, Fire	st, Middle Initial)								
CURRENT ADDRI	ESS								
CITY						S	ТАТЕ	ZIP	
PHONE		EMAI	L			А	RE YOU OF LEGAL AC	GE TO WORK?	
ADE VOLLA IL S. CITIZENIO			A APE VOLLALITHOPIZED TO THE WORK IN LLS 2			E LINDED 19 GIVE DATE OF BIRTH			
ARE YOU A U.S. CITIZEN?), ARE YOU AUTHORIZED TO THE WORK IN U.S.?			"	IF UNDER 18, GIVE DATE OF BIRTH		
POSITION INI	FORMATION								
POSITION(S) APPLYING FOR							DATE AVAILABI	DATE AVAILABLE TO START WORK	
HAVE VOIL EVED MODIFED FOR SEADECKS			IF SO, WHAT WAS YOUR JOB POSITION?				WHEN DID YOU	WHEN DID YOU WORK AT SEABECK?	
HAVE YOU EVER WORKED FOR SEABECK?			IF SO, WHAT WAS YOUR JOB POSITION?				WHEN DID TOO	WHEN DID TOO WORK AT SEADLECK:	
WHO REFERRED YOU TO SEABECK?			ARE YOU PRESENTLY EMPLOYED?				MAY WE CONTA	MAY WE CONTACT YOUR EMPLOYER?	
EDUCATION									
Please list educa	ation or training, such	as sch	ools, colleges, deg	rees, vocational p	rograms, technica	l programs,	and military training	g.	
	SCHO	OL NA	ME	YEARS A	TTENDED	DID YOU GRADUATE		ADDRESS/CITY/STATE	
HIGH SCHOOL				FROM	то				
COLLEGE				FROM	то				
OTHER	OTHER			FROM	то				
REFERENCES									
Please list three ences, then list p	professional referenc personal, unrelated re	es not ferenc	related to you, wi es.	th full name, addr	ess, phone numb	er, and rela	tionship. If you don'	t have three professional refer-	
NAME		ADDRESS/CITY/STATE				PHONE	RELATIONSHIP		

WORK HISTORY								
Start with your present or most recent employer and work back. Use a separate sheet is necessary. Include paid and unpaid positions.								
JOB TITLE #1	START DATE	END DATE						
COMPANY	SUPERVISOR	PHONE						
CITY	STATE	ZIP						
DUTIES								
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?	REASON FOR LEAVING	REASON FOR LEAVING						
JOB TITLE #2	START DATE	END DATE						
COMPANY	SUPERVISOR	PHONE						
СІТУ	STATE	ZIP						
DUTIES								
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?	CONTACT YOUR PREVIOUS EMPLOYER? REASON FOR LEAVING							
JOB TITLE #3	START DATE	END DATE						
COMPANY	SUPERVISOR	PHONE						
СІТУ	STATE	ZIP						
DUTIES								
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?	REASON FOR LEAVING	REASON FOR LEAVING						
AUTHORIZATION	<u> </u>							
"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 of employment at Seabeck Conference Center".								
SIGNATURE DATE								
	DO NOT WRITE BELOW THIS LINE							
NOTES								