



Box 1511 • 14 N. Mission • Wenatchee, WA 98807-1511

# Application For Employment

LAST NAME		FIRST	MIDDLE	TODAY'S DATE	
PRESENT ADDRESS		STREET	CITY	STATE	ZIP CODE
PHONE	SOCIAL SECURITY NO.		Are you legally eligible for employment in the U.S.A.		<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		POSITION APPLIED FOR			SALARY DESIRED
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No List friends or relatives working here _____					
Are there any hours, shifts or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____					
Part-time _____ Full-time _____ Are you willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## EDUCATION RECORD

NAME OF SCHOOL	LOCATION	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	MAJOR MINORS	DEGREE RECEIVED
HIGH SCHOOL					
COLLEGE					
OTHER					

## EMPLOYMENT RECORD

EMPLOYER		EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE
NAME		FROM	STARTING	STARTING	YES
ADDRESS	PHONE	TO	ENDING	ENDING	NO
SUPERVISOR		DUTIES REASON FOR LEAVING			
NAME		FROM	STARTING	STARTING	YES
ADDRESS	PHONE	TO	ENDING	ENDING	NO
SUPERVISOR		DUTIES REASON FOR LEAVING			
NAME		FROM	STARTING	STARTING	YES
ADDRESS	PHONE	TO	ENDING	ENDING	NO
SUPERVISOR		DUTIES REASON FOR LEAVING			

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN 30 DAYS, AND EXPLAIN

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THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. PLEASE LET US KNOW IF YOU NEED ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS.

**PERSONAL DATA**

WHO REFERRED YOU TO THIS FIRM?

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HAVE YOU BEEN CONVICTED OR PLED NO CONTEST TO ANY CRIMINAL OFFENSE?  
 A conviction will not necessarily disqualify you from employment.  
 IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT AND DISPOSITION.

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IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

**U.S. MILITARY SERVICE**

BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	SPECIALTY
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**EXPERIENCE**

\_\_\_\_\_ ADDING MACHINES    \_\_\_\_\_ BOOKKEEPING    \_\_\_\_\_ TYPIST    \_\_\_\_\_ WPM  
 \_\_\_\_\_ SUPERVISION    \_\_\_\_\_ STATISTICAL CLERK    \_\_\_\_\_ DICTATING EQUIPMENT  
 \_\_\_\_\_ PROGRAMMING    \_\_\_\_\_ RECEPTIONST/SWITCHBOARD    \_\_\_\_\_ WORD PROCESSING (Software)  
 \_\_\_\_\_ LIBRARY    \_\_\_\_\_ COMPUTER (TYPES) \_\_\_\_\_  
 \_\_\_\_\_ OFFICE MACHINES (SPECIFY) \_\_\_\_\_

INDICATE ANY OTHER SKILLS RELATED TO THE POSITION YOU ARE SEEKING:

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I certify that the information given by me to The Wenatchee World is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with The Wenatchee World's interest or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize The Wenatchee World to solicit information regarding my education and previous employment and to contact any and all references I have given on my application or resume. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release The Wenatchee World from any liability for future references it may provide regarding my work history at The Wenatchee World.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either The Wenatchee World or myself. I understand that no representative of The Wenatchee World, other than the Publisher or Chief Operating Officer, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

If employed, I further agree that if The Wenatchee World advances any paid leave before it has been accrued or advances or loans me any money during the course of my employment or if I lose, damage or fail to return any Wenatchee World property, The Wenatchee World is authorized to deduct, from my wages, sufficient funds to repay such loans or advances or to replace its property.

I have read the above information.    Applicant initials \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT

FOR COMPANY'S USE ONLY

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# THE WENATCHEE WORLD

## Drug and Alcohol Testing Consent Form

### Please Read Carefully

I understand that The Wenatchee World is a Drug Free Workplace and considers the harmful effects of drug and/or alcohol abuse to be an unsafe and counterproductive work practice. To achieve its goal, The Wenatchee World has established a pre-employment drug testing procedure and, where appropriate, drug and/or alcohol testing after commencement of employment.

I do hereby voluntarily agree to submit to a urinalysis sample (drug screen) as part of the pre-employment process. I agree to release these test results to The Wenatchee World with the understanding that the results may be used to make a decision affecting my employment status. I understand that either the failure to pass such a test or my refusal to submit to the drug testing procedure may disqualify me for employment.

Further, I understand that after commencement of employment with The Wenatchee World, I may be required to submit to a drug and/or alcohol test. I agree that I will submit to a requested substance abuse screening, and understand that my failure to comply with such request or a positive test result, may result in disciplinary action, up to and including termination of employment.

I hereby release The Wenatchee World, the testing laboratory and their employees, agents and contracts from any liability whatsoever arising from the drug and/or alcohol screen. If necessary, I consent to have my drug and/or alcohol screen results released to a company-designated medical doctor for further evaluation.

I have read, understand and agree to the above statements and conditions of employment.

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Print Name

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Sign Name

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Date