

WASHINGTON ODD FELLOWS HOME

Employment Application

Return Application and Reference material to:
vphr@oddfellows.com



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		Emergency Phone				
E-mail Address						
Date Available		Last 4 digits of Social Security No.				
Position Applied for						
Will VISA or Immigration Status prevent lawful employment in the United States?		YES	NO			
Have you ever worked for this company?		YES	NO	If so, when?		
Have you ever been convicted of a crime?		YES	NO	If yes, explain		
Are you available to work:	Full time	Part Time	Weekends	Day Shift	Evening Shift	Night Shift
EDUCATION						
High School						
Did you graduate?	YES	NO	Degree			
College						
Did you graduate?	YES	NO	Degree			
Other						
Did you graduate?	YES	NO	Degree			
PREVIOUS EMPLOYMENT						
List last 4 employers starting with the most current						
Company			Phone ()			
Address			Supervisor			
Job Title						
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference?		YES	NO			

PREVIOUS EMPLOYMENT		<i>List last 4 employers starting with the most current</i>	
Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I authorize all previous employers to furnish the Washington Odd Fellows Home with whatever information they may have regarding my employment and my reason for leaving.</p> <p>I do hereby release all previous employers from all liability which may be incurred as a result of furnishing this information.</p> <p>I also authorize the Washington Odd Fellows Home to obtain a criminal background check with the Washington State Patrol, and I understand that any offer of employment is contingent upon an acceptable report.</p> <p>I understand that any offer of employment is contingent upon a pre-employment drug test, and that I will be subject to random drug tests throughout the course of employment.</p> <p>I understand that this is not a contract between me and the Washington Odd Fellows Home</p> <p>I understand that employment, if offered, will be at the will of the Employer and myself and may be terminated at any time for any reason by either party.</p>	
Signature of Applicant	Date
Signature of Interviewer	Date