



**WATSON
FURNITURE
GROUP**

26246 TWELVE TREES LANE NW
POULSBORO, WA 98370
360-394-1307 (PHONE) 360-394-1320 (FAX)

APPLICATION FOR EMPLOYMENT

PLEASE NOTE:

- THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR AN OPEN POSITION. **A RESUME MAY NOT BE SUBSTITUTED FOR ANY SECTION.** INCOMPLETE APPLICATIONS WILL BE DISCARDED.
- WATSON FURNITURE GROUP ONLY ACCEPTS APPLICATIONS FOR CURRENTLY OPEN POSITIONS. APPLICATIONS ARE VALID FOR 90 DAYS.
- IF YOU REQUIRE ASSISTANCE COMPLETING THIS APPLICATION, PLEASE INFORM WATSON FURNITURE GROUP SO THAT WE MAY ACCOMMODATE YOU.

DATE _____ POSITION APPLIED FOR _____

NAME _____
LAST FIRST MIDDLE

STREET ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS (if different) _____
STREET CITY STATE ZIP

PHONE () _____ EMAIL _____ SOCIAL SECURITY NUMBER _____

DATE AVAILABLE TO START WORK _____ PAY EXPECTED \$ _____ PER _____

ARE YOU AT LEAST 18 YRS OF AGE YES NO

IF HIRED, CAN YOU PROVIDE PROOF OF A LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
(A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM A POSITION WITH THE COMPANY)

IF YES, PLEASE EXPLAIN AND LIST DATE(S) _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? YES NO (IF YES, GIVE DATES AND POSITION) _____

HAVE YOU PREVIOUSLY APPLIED WITH US? YES NO (IF YES, GIVE DATES AND POSITION) _____

ARE ANY OF YOUR EMPLOYMENT RECORDS UNDER A DIFFERENT NAME? YES NO

ARE ANY OF YOUR RELATIVES ALREADY EMPLOYED BY THIS COMPANY YES NO (IF YES, LIST NAMES) _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER YES NO

ARE YOU ON LAYOFF STATUS OR SUBJECT TO RECALL ELSEWHERE? YES NO

IF HIRED, HOW LONG DO YOU PLAN TO CONTINUE WORKING FOR WATSON FURNITURE GROUP? _____

CAN YOU TRAVEL IF A JOB REQUIRES IT? YES NO

IF APPLYING FOR A JOB WHICH REQUIRES ONE, DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

WATSON FURNITURE GROUP IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, ETHNICITY, NATIONAL ORIGIN, MARITAL STATUS, SEXUAL ORIENTATION, VETERAN STATUS, DISABILITY STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW.

EMPLOYMENT RECORD (INCLUDE U.S. MILITARY AND VOLUNTEER EXPERIENCE)
 (YOU MAY EXCLUDE ORGANIZATIONS WHICH WOULD INDICATE MEMBERSHIP IN A PROTECTED CLASS.)
 PLEASE CONTINUE ON A SEPARATE PAGE IF MORE SPACE IS NEEDED.

<u>EMPLOYER</u>	<u>EMPLOYMENT DATES</u>	<u>SALARY</u>	<u>POSITION</u>	<u>ELIGIBLE FOR REHIRE</u>
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NAME	FROM	STARTING	STARTING	YES
ADDRESS/ PHONE NUMBER	TO	ENDING	ENDING	NO
SUPERVISOR	SUPERVISOR'S POSITION			
REASON FOR LEAVING	DESCRIBE DUTIES			

NAME	FROM	STARTING	STARTING	YES
ADDRESS/ PHONE NUMBER	TO	ENDING	ENDING	NO
SUPERVISOR	SUPERVISOR'S POSITION			
REASON FOR LEAVING	DESCRIBE DUTIES			

NAME	FROM	STARTING	STARTING	YES
ADDRESS/ PHONE NUMBER	TO	ENDING	ENDING	NO
SUPERVISOR	SUPERVISOR'S POSITION			
REASON FOR LEAVING	DESCRIBE DUTIES			

NAME	FROM	STARTING	STARTING	YES
ADDRESS/ PHONE NUMBER	TO	ENDING	ENDING	NO
SUPERVISOR	SUPERVISOR'S POSITION			
REASON FOR LEAVING	DESCRIBE DUTIES			

EDUCATION

(YOU MAY EXCLUDE ANY INFORMATION WHICH WOULD INDICATE MEMBERSHIP IN A PROTECTED CLASS.)

	<u>HIGH SCHOOL</u>	<u>UNDERGRADUATE COLLEGE/UNIVERSITY</u>	<u>GRADUATE/ PROFESSIONAL</u>	<u>OTHER EDUCATION</u>												
SCHOOL NAME & LOCATION																
DATES OF ATTENDANCE																
YEARS COMPLETED	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
DEGREE OBTAINED																
OVERALL GPA																
DESCRIBE COURSE OF STUDY																
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, LICENSES, SKILLS AND EXTRACURRICULAR ACTIVITIES.																
DESCRIBE ANY HONORS YOU RECEIVED																
ARE YOU TAKING OR DO YOU PLAN TO TAKE ANY ADDITIONAL EDUCATION? IF SO, WHAT?																

SPECIALIZED SKILLS

PLEASE LIST ANY SKILLS YOU HAVE AND ANY TOOLS OR EQUIPMENT OPERATED THAT WOULD BE BENEFICIAL TO THE POSITION FOR WHICH YOU ARE APPLYING AND INDICATE YEARS OF EXPERIENCE.

ADDITIONAL INFORMATION

PLEASE STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES

GIVE NAMES, ADDRESS, AND TELEPHONE NUMBERS OF THREE PROFESSIONAL REFERENCES.

NAME	PHONE ()
ADDRESS	
OCCUPATION	HOW LONG KNOWN
NAME	PHONE ()
ADDRESS	
OCCUPATION	HOW LONG KNOWN
NAME	PHONE ()
ADDRESS	
OCCUPATION	HOW LONG KNOWN

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING AND DATING THIS APPLICATION

1. I CERTIFY that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application may result in dismissal.
2. I AUTHORIZE the company to investigate information concerning my previous employment and education. I further authorize those persons and companies referenced in my Employment Record and References to provide information to you, and I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize this company to request a copy of my transcripts from schools attended.
3. I UNDERSTAND and agree that any offer of employment or compensation is “at will” and may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make other commitments or promises or assure any benefit or terms and conditions of employment unless such promises are made in writing and signed by the president of the company.
4. I UNDERSTAND that this application shall be considered only for the specific job opening for which I am applying. If I wish to be considered for any other job openings, even if for the same position, I understand I must submit a new application.
5. I UNDERSTAND that Watson Furniture Group may do a background check and/or credit check.
6. I UNDERSTAND that as a final step in the hiring process, I may be subject to a pre-employment screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment.
7. I UNDERSTAND that these rules and regulations may be changed, interpreted, or edited by the company at any time at the company’s sole option.

Printed Name of Applicant: _____ Signature of Applicant: _____

Date: _____