



1711 N. Madson
P.O. Box 566
Liberty Lake, WA 99019

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants considered regardless of race, religion, color, age, sexual orientation, marital status, nationality, veteran status or non-disqualifying disability.

INSTRUCTIONS • PLEASE READ

This is a general employment application required for all jobs. If a job vacancy exists, you may also be asked to complete a more detailed survey of your qualifications as they relate to a specific job in our company. Please print or write clearly. **Answer all items even if you have a resume.** Check over your final application for accuracy, especially important numbers like Social Security number, phone numbers, etc. Please sign and date the application where indicated. If you need another form or have questions, please feel free to ask.

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
E-mail Address									
Home Phone			Cellular Phone			Message Phone			
Emergency Contact Person						Emergency Phone			
Date Available				Position Applied for					
Are you at least 18 years of age?		YES	NO	If under 18, do you have a work permit?			YES	NO	
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?			YES	NO	
Can you provide proof that you can be lawfully employed in the US?		YES	NO	Fluent in other languages?					
Have you ever <i>applied</i> for work here before?		YES	NO	If yes, when?					
Have you ever worked for this company?		YES	NO	If yes, when and what					
Have you done this kind of work before?		YES	NO	If yes, where?					
Have you ever been convicted of any criminal offense? (A conviction may not necessarily exclude you from consideration.)		YES	NO	If yes, explain:					
List other jobs you believe you may be qualified for:									
How were you referred to us?		Employee referral (name)				School (name)			
Newspaper	Walk-in	Agency (name)				Other (explain)			
Are you acquainted with any current PREMIER employees?		YES	NO	If yes, state names:					
Your Preferred Schedule: Full Time Temp/Seasonal Part Time On Call		What week days and hours are best for you?				What would be your second choice?			

Any prior commitments which would require absence of more than a few hours in the next 12 months?	YES	NO	If yes, please explain:			
Are you now, or do you expect to be engaged in any other business or employment?	YES	NO	If yes, please explain:			
List any certificates or licenses you hold related to your qualifications for the work you seek:						
Do you have a current Driver's License?	YES	NO	State:		Salary Desired:	\$
Are you currently employed?	YES	NO	If so, may we inquire of your present employer?	YES	NO	

EDUCATION										
High School				Address						
From		To		Did you graduate?	YES	NO	Degree		GPA	
College/Univ				Address						
From		To		Did you graduate?	YES	NO	Degree		GPA	
College/Univ				Address						
From		To		Did you graduate?	YES	NO	Degree		GPA	
Trade/Other				Address						
From		To		Did you graduate?	YES	NO	Degree		GPA	
Are you currently a student?				YES	NO	If yes, please explain:				
Are you currently employed?				YES	NO	If so, may we inquire of your present employer?			YES	NO

REFERENCES			
<i>Please list three professional references – not former employers.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	

OTHER SKILLS AND QUALIFICATIONS
<p>Please mention any other skills, qualifications or experience pertinent to the career you seek. (e.g. Computers, software, machines, tools, special certifications, etc.)</p>

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal.

I authorize this employer to investigate my background thoroughly, including a full credit report, school, past employers, and criminal, and agree to assist in such investigation. I release and hold harmless and promise not to claim damages from any of my prior employers listed above for providing information. I agree to submit to any drug or alcohol test that may be required by the employer for my hiring or continued employment. I understand that refusal to take such tests may be cause for denial of employment or my termination. I also understand that employment may be conditioned upon an investigation into criminal convictions on record with local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present personal photo identification and proof of U.S. citizenship or documentation of my authorization to work and reside in the United States, promptly upon confirmation of hiring, and that failure to do so voids any offer of employment.

I understand that employment may be contingent upon a post-offer physical examination by a medical doctor.

Upon an offer of employment, I authorize the examining doctor, clinic or organization to release to this employer any information requested to assess my ability to perform essential work functions or to assess potential risk of injury to myself or others.

Signature:

Date:



AUTHORIZATION AND RELEASE

(For Pre-Employment Screening)

This constitutes my consent and authorization to the disclosure of any relevant and necessary information or records to Premier Manufacturing, Inc. by any person, corporation, agency, school, or association concerning my character, employment, or military service as may be relevant and necessary for a determination of my suitability for my employment with Premier Manufacturing, Inc.

This authorization is executed with full knowledge and understanding that Premier Manufacturing, Inc. will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it.

I hereby RELEASE the aforementioned persons, corporations, agencies, schools, associations and their employees, agents and representatives from any and all liability for damages resulting from a decision by Premier Manufacturing Inc. not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for twelve months from the date it is signed.

Date

Signature of Applicant

Printed Name

Street Address

City/State

Zip Code