Washington Fire Safety Supply EMPLOYMENT APPLICATION

GENERAL INSTRUCTIONS FOR COMPL	ETION OF APPLICATION:	HOW DO WE	CONTACT V	V13						
		HOW DO WE	CONTACT YC)U ?						
 Complete all information within this application in its entirety. Type or print in ink. Fax to 425-397-4085 Sign your name in the Certification Section (page 4). All information you submit is subject to verification. 		Name People First Employee ID Number (if any)								
		City				County		State	Zip Code	
		Phone Alternate Phone								
		E-mail Address								
		L								
HIGH SCHOOL:										
NAME / LOCATION OF SCHOOL		RECEIVED:	Diploma	a	Other (spec	ify)				None
OUR NAME, IF DIFFERENT WHILE ATTENDING	S SCHOOL:									
COLLEGE, UNIVERSITY OR PROFES	SIONAL SCHOOL: (TRANSO	CRIPTS MAY BE REQU								
NAME OF SCHOOL	LOCATION		ATTENDANCE (MONTH / YEAR)		HO	CREDIT MAJOR / MINOR HOURS COURSE OF EARNED STUDY		RSE OF	TYPE OF DEGREE EARNED	
YOUR NAME, IF DIFFERENT WHILE ATTENDING										
JOB-RELATED TRAINING OR COURS	SE WORK: (VOCATIONAL, TRAD	E, GOVERNMENTAL,	DATE	ES OF	CRI	EDIT			TRAII	NING
NAME OF SCHOOL	LOCATION		(MONTH	ATTENDANCE (MONTH / YEAR)		HOURS EARNED		COURSE OF STUDY		LETED
			FROM	TO	CLASS	CLOCK			YES	NO
YOUR NAME, IF DIFFERENT WHILE ATTENDING	SCHOOL:									
LICENSURE, REGISTRATION, (
LICENSE, REGISTRATION OR CERT	FIGATION.	Number		Date	Received	Expirati	on Date	State I	icensing Agency	

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

Name of Present or Last Employer:		
Address:	Your Job Title:	
Supervisor's Name:	Phone No.: ()	
FROM: / / TO: / / DAY YEAR TO: MONTH DAY Duties and Responsibilities:		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:		
Name of Next Previous Employer:		
Address:	Your Job Title:	
Supervisor's Name:		
FROM:// TO:// MONTH DAY YEAR TO:/_/ Duties and Responsibilities:		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
-		
Reason For Leaving:		
3 Name of Next Previous Employer:		
Address:	Your Job Title:	
Supervisor's Name:	Phone No.: ()	
FROM:// TO:// DAY YEAR TO:/ DAY		YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Duties and Responsibilities:		
Reason For Leaving:		

Season For Leaving: Name of Next Provious Employer: Notes and Responsibilities: Note and Responsibilities: Note and Responsibilities: Note and Responsibilities: Notes and Responsibilities: Notes and Responsibilities: Note and Responsibilities: Notes and Responsibiliti	Name of Next Previous Employer:	 	
Rouse and Responsibilities: Name of Next Previous Employer	Address:	 Your Job Title:	
Reason For Leaving: Name of Next Previous Employer:	Supervisor's Name:	 Phone No.: ()	
Reason For Leaving: Name of Next Previous Employer:			YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Name of Next Previous Employer: Address:	outes and Responsibilities.		
Name of Next Previous Employer: Address:			
Address:	Reason For Leaving:		
Supervisor's Name:	Name of Next Previous Employer:		
Reason For Leaving: Name of Next Previous Employer: Supervisor's Name: Phone No.: Phone	Address:	 Your Job Title:	
Duties and Responsibilities: Reason For Leaving: Name of Next Previous Employer: Address: Your Job Title: Supervisor's Name: Phone No.: () FROM: NONTH DAY YEAR TO: NONTH DAY YEAR HOURS PER WEEK: YOUR NAME IF DIFFERENT DURING EMPLOYMENT Duties and Responsibilities:	Supervisor's Name:	 Phone No.: ()	
Name of Next Previous Employer: Address:			YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Name of Next Previous Employer: Address:			
Name of Next Previous Employer: Address:			
Name of Next Previous Employer: Address:			
Address:	Reason For Leaving:		
Supervisor's Name:Phone No.: () FROM:// TO:// HOURS PER WEEK: (Name of Next Previous Employer:		
FROM: TO: TO: HOURS PER WEEK: YOUR NAME IF DIFFERENT DURING EMPLOYMENT Duties and Responsibilities:	Address:	 Your Job Title:	
Duties and Responsibilities:	Supervisor's Name:	 Phone No.: ()	
			YOUR NAME IF DIFFERENT DURING EMPLOYMENT
Reason For Leaving:			
Reason For Leaving:			
Reason For Leaving:			

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

st KSAs you possess and believe relevant to the position you seek			
			• • • • • • • • • • • • • • • • • • • •
ACKGROUND INFORMATION			
VE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR?		☐YES	□NO
YES", what charges?			
ere convicted?			
VE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A			
LONY OR A FIRST DEGREE MISDEMEANOR?		YES	NO
YES", what charges?			
ere?	Date:		
AVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A			
LONY OR A FIRST DEGREE MISDEMEANOR? YES", what charges?		YES	□NO
nere?			
DTE: A "YES" answer to these questions will not automatically bar you from employment. The nature e position for which you are applying are considered [see §112.011, F.S.]	e, job-relatedness, severity a	and date of the of	fense in relation to
ITIZENSHIP			
u will be required to provide identification and either proof of citizenship or proof of authorization to	work in the U.S.		
ARE YOU A U.S. CITIZEN?		YES	□NO
	RING		
IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HII			
		YES	NO
JTHORITY TO WHICH YOU ARE APPLYING?		YES	□NO
JTHORITY TO WHICH YOU ARE APPLYING? ELATIVES		☐ YES	□ NO
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY?			
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION		YES	□ NO
IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIS UTHORITY TO WHICH YOU ARE APPLYING? ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disquence for termination at a later date. I understand that any information I give may be investigated as		YES YES	□ NO
ELATIVES O YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disquerounds for termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement	as allowed by law. I consent agencies, and other individu	TyES nsideration and, it to the release of lats and organizate	NO f I am hired, may be information about tions to investigators,
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disquerounds for termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement personnel staff, and other authorized employees of Washington Fire Safety Supply for employment process.	as allowed by law. I consent agencies, and other individu ourposes. This consent shall	nsideration and, it to the release of lals and organizat	NO f I am hired, may be information about tions to investigators, ffective during my
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? EERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqueed ounds for termination at a later date. I understand that any information I give may be investigated a sy ability, employment history, and fitness for employment by employers, schools, law enforcement is ersonnel staff, and other authorized employees of Washington Fire Safety Supply for employment proportions if I am hired. I certify that to the best of my knowledge and belief all of the statements of	as allowed by law. I consent agencies, and other individu ourposes. This consent shall	nsideration and, it to the release of lals and organizat	NO f I am hired, may be information about tions to investigators, ffective during my
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disquerounds for termination at a later date. I understand that any information I give may be investigated a	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES O YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disque rounds for termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement are resonnel staff, and other authorized employees of Washington Fire Safety Supply for employment proportion of the statements of the statement of the	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? EERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disque ounds for termination at a later date. I understand that any information I give may be investigated a y ability, employment history, and fitness for employment by employers, schools, law enforcement are sonnel staff, and other authorized employees of Washington Fire Safety Supply for employment purpleyment if I am hired. I certify that to the best of my knowledge and belief all of the statements of the statement of the sta	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? ERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disquestion of termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement are sonnel staff, and other authorized employees of Washington Fire Safety Supply for employment proportion of the statements of the statement of the statem	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES O YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? CERTIFICATION am aware that any omissions, falsifications, misstatements, or misrepresentations above may disque rounds for termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement are resonnel staff, and other authorized employees of Washington Fire Safety Supply for employment proportion of the statements of the statement of the	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? EERTIFICATION Im aware that any omissions, falsifications, misstatements, or misrepresentations above may disque ounds for termination at a later date. I understand that any information I give may be investigated any ability, employment history, and fitness for employment by employers, schools, law enforcement are sonnel staff, and other authorized employees of Washington Fire Safety Supply for employment proployment if I am hired. I certify that to the best of my knowledge and belief all of the statements of implete, and made in good faith.	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,
ELATIVES YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS COMPANY? ERTIFICATION m aware that any omissions, falsifications, misstatements, or misrepresentations above may disque bounds for termination at a later date. I understand that any information I give may be investigated at a ability, employment history, and fitness for employment by employers, schools, law enforcement arrsonnel staff, and other authorized employees of Washington Fire Safety Supply for employment pupployment if I am hired. I certify that to the best of my knowledge and belief all of the statements of mplete, and made in good faith.	as allowed by law. I consent agencies, and other individu ourposes. This consent shall ontained herein and on any	nsideration and, it to the release of lals and organizat continue to be elattachments are t	NO I am hired, may be information about tions to investigators, ffective during my rue, correct,