

BROTHERS, INC.

1148 North Central • Kent, Washington 98032 • (253) 854-5692, Seattle: (206) 623-8103, Fax: (253) 854-2158

Applicant Information								
Full Name:	Look			Date:				
Address:	Last	First					М.І.	
Phone:	Street Address	Apartment/Unit #	Ema	Cit <u>j</u> ail:	у		State	Zip Code
		Employ	ment D	esir	ed			
Position applying for: Available Start Date.: Desired Salary: \$								
Are you a citize Are you able to Have you ever	worked for this company	Yes ☐ No ☐ If no, are Yes ☐ No ☐ Are you ? Yes ☐ No ☐ If yes, wh ny? Yes ☐ No ☐ If yes, ex	18 years of hen?	f age	or olde	r?	Yes □	
Diagram list some	alilla vari karra dhadaan a		Skills	f				
riease list any	skiiis you nave that are a	appropriate for the position you are	e applying	тоr: _				
Please list any related experience you have to the position you are applying for:								
State fully why you believe you are qualified for this position:								
		Ea	lucatio	n				
Elementary Sch	nool	Name and Location	Number				Did you graduate?	Major Course Studied
	1001		i.e. How many years did Yes □ No □ you spend enrolled?					
High School			1	2	3	4	Yes □ No □ GED□ Diploma□	
College or Univ	ersity		1	2	3	4	Yes □ No □	
Other School (7 Vocational, Gra			1	2	3	4	Yes No	
References								
Please list 3 persons not related to you that you have known for at least one year.								
Full Name:						R	elationship:	
Position: Phone:								
Email Address: Years Known: Full Name: Relationship:								
Position: Phone:								
Email Address: Years Known:								
Full Name: Relationship:								
Position:						``	DI.	
Email Address								

		evious Emp						
Please list your last 4 employers, starting wi	th your most recent.		tly employed, ma	ay we contact	your employ		Vo □	
Full Name of Company Telephone				S	Salary		Dates Employed	
Street Address	et Address City State Zip		Zip	Start	End	(Month/Year) Start	End	
Name and Title of Supervisor	Title of your pos	ition held		Otart	LIIQ	Otart	Liiu	
List jobs held, duties performed, skills used	d, & promotions while	e employed at this	s company:	Reason f	or leaving:			
Full Name of Company Telephone			S	alary	Dates Emp	Dates Employed		
Street Address	City	State	Zip	Start	End	(Month/Year) Start	End	
Name and Title of Supervisor	Title of your pos	ition held		Start	LIIU	Start	Liiu	
List jobs held, duties performed, skills used	d, & promotions while	e employed at this	s company:	Reason f	or leaving:			
Full Name of Company		Telephone		9	alary	Dates Emp	loyed	
Street Address	City	State	Zip	Start			(Month/Year) Start End	
Name and Title of Supervisor	Title of your pos	ition held						
List jobs held, duties performed, skills used	d, & promotions while	e employed at this	s company:	Reason f	or leaving:			
Full Name of Company		Telephone		S	alary	Dates Emp	loyed	
Street Address	City	State	Zip	Start	End	(Month/Year) Start	End	
Name and Title of Supervisor	Title of your pos	ition held						
List jobs held, duties performed, skills used	d, & promotions while	e employed at this	s company:	Reason f	or leaving:			
		laimer and						
We are an Equal Opportunity Employer and fully sub status, without regard to race, color, religion, creed, s attest to your identity and employment eligibility, and	ex, marital status, nation	nal origin, age, physic	al or mental disabili	ty. If you are to	be hired by the	company, you will	be required to	

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create and employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing.

If I am offered employment I agree to submit to a medication examination and drug test before starting work. If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and If I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature:	Date:	
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