Swain's GENERAL STORE, INC.

602 East First Street, Port Angeles, Washington 98362 (360) 452-2357 FAX (360) 452-7561 www.swainsinc.com

Personal:

Last Name First Middle Today's Date

Street Address: Home telephone ( )

Previous Address if less than 1 year:

Have you ever applied for employment with us?

Yes No If yes: Month and Year Location:

Position Desired: Part Time Full Time Pay Expected:

Available to start on? List any hours or days unavailable

Are you legally eligible to work in the United States? Yes No

Are you old enough to vote? Yes No

Have you ever been bonded? Yes No If yes, with which employer.

Have you been convicted of a crime in the past 10 years, which has not been annulled, expunged or sealed by a court? Yes No If yes, describe in full

Education: GED

Please circle High School Graduate

College Degree AA BA BS Major

Other education or Training:

Military: Have you been or are you now a member of the US Armed Forces? Yes No

Branch Rank at Entry Rank at Discharge Length of Service

Employment: Please give accurate/complete full-time and part-time employment records. Start with most recent or present employer.

Company Name: Telephone: ( )

Address: Name of Supervisor:

Employed From: To: Weekly Pay: Start Last

Job Title/Position: Describe Your Work:

Reason for Leaving:

2nd Company Name: Telephone: ( )

Address: Name of Supervisor:

Employed From: To. Weekly Pay: Start Last

Job Title/Position. Describe Your Work:

Reason for Leaving:

Please fill out application and mail or email to Swain's General Store.
- you may include full resume along with filled out application.

Employment Continued:

3rd Company Name:		Telephone: ( )	
Address:		Name of Supervisor:	
Employed From:	To	Weekly Pay: Start	Last
Job Title/Position:		Describe Your Work:	

Reason for Leaving:			
4th Company Name:		Telephone: ( )	
Address:		Name of Supervisor:	
Employed From:	To	Weekly Pay: Start	Last
Job Title/Position:		Describe Your Work:	

We may contact the employers listed on this application. Please list those you do not want us to contact. Employers Reason

References:

Name:	Occupation:	Phone Number: ( )
Name:	Occupation:	Phone Number: ( )

Emergency:

Contact:	Phone Number: ( )

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

The information provided in this Application for Employment, is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report

Date

Signature