

Thrifty Supply Company

P. O. Box 4148
Bellevue, WA 98009

APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT DISCRIMINATION BECAUSE OF SEX, MARITAL STATUS, RACE, COLOR, CREED, NATIONAL ORIGIN, AGE OR THE PRESENCE OF A NON-JOB-RELATED HANDICAP OR ANY OTHER BASIS OF DISCRIMINATION PROHIBITED BY ANY APPLICABLE LOCAL, STATE, OR FEDERAL LAW.

CONDITIONS OF EMPLOYMENT ARE STATED AT THE END OF THIS FORM. PLEASE READ CAREFULLY BEFORE YOU SIGN THIS APPLICATION. FALSE STATEMENTS ON THIS APPLICATION ARE GROUNDS FOR DISMISSAL.

Date of Application: _____

PERSONAL DATA			
Name		Soc. Sec. No.	
Address		Phone	
Street	City	State	Zip
Date of Birth (if under 18)	Are you a U.S. citizen, or do you have a visa permitting you to work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Valid State Driver's License Number	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How were you referred by us?		Names of any friends or acquaintance employed to us?	
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <input type="checkbox"/> YES <input type="checkbox"/> NO (A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of a violation and rehabilitation will be taken into account.) We are not seeking information about: 1. marijuana related offenses more then 2 years old 2. convictions that have been sealed, expunged or eradicated, and 3. misdemeanor convictions for which probation has been completed or otherwise discharged and the case dismissed. IF YES, PLEASE EXPLAIN:			
Notify in case of emergency: Name:		Address:	
		Phone:	
AVAILABILITY			
Type of Employment Desired:		Salary Requested:	
Available for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Date Available:		If required by the job, can you <input type="checkbox"/> Work Overtime? <input type="checkbox"/> Irregular hours?	
Have you previously worked for us? <input type="checkbox"/> Yes - When: From _____ to _____ <input type="checkbox"/> No			
Position:		Reason for leaving:	
Do you have any medical conditions which would affect your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Answering will not affect your consideration for a position with our company)			
EDUCATION			
Name and address of school	Date	Graduate?	Course of study/degrees
	From To	Yes No	
High School			
Community College or Business School			
College/University			
Graduate School			
Special skills suitable for the job applied for including office, computers, delivery, heavy equipment, etc.			

LIST FORMER EMPLOYERS, STARTING WITH THE LAST ONE FIRST. ATTACH EXTRA SHEET AND/OR A RESUME IF NECESSARY

EMPLOYMENT HISTORY					
1. Present of Last Employer					Phone
Address		Date Started		Date Left	
Street	City	State	Zip		
Immediate Supervisor		Starting Salary		Ending Salary	
Your duties		Reason for Leaving			
2. Present of Last Employer					Phone
Address		Date Started		Date Left	
Street	City	State	Zip		
Immediate Supervisor		Starting Salary		Ending Salary	
Your duties		Reason for Leaving			
3. Present of Last Employer					Phone
Address		Date Started		Date Left	
Street	City	State	Zip		
Immediate Supervisor		Starting Salary		Ending Salary	
Your duties		Reason for Leaving			

U.S. MILITARY		
Branch of Service	Date of Service: From:	To:
Service	Service Training Received	

SIGNATURE

PLEASE NOTE: applicant agrees to the following conditions of employment

- | | |
|---|--|
| <p>1. Meeting minimum age requirements of application laws and submitting proof of true age, if required.</p> <p>2. Submitting proof of citizenship, U.S. work permit or Alien Registration Number, if required.</p> <p>3. Meeting attendance and job performance requirements.</p> | <p>4. Conforming to other rules, regulations and instructions.</p> <p>5. Providing necessary releases and waivers to conduct a background investigation.</p> |
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I certify all statements in this application are true and correct and if any information submitted is false, it shall be cause for dismissal. I have been advised that you may cause an investigative report to be prepared on all information contained herein, and I hereby consent thereto. I understand employment may be contingent upon satisfactorily meeting any of the above conditions of employment as may be required and any other pertinent information required bearing upon my continued employment. A pre-employment physical including drug testing may be required.

Date _____

Signature of Applicant _____