



IV. EDUCATION

Circle highest grade completed: 9 10 11 12 College 1 2 3 4 5 6 and over Name and city of last school attended: \_\_\_\_\_

Date attended: From \_\_\_\_\_ to \_\_\_\_\_ Graduate: Yes No

Degree \_\_\_\_\_ Major \_\_\_\_\_

Indicate special honors, workshops, trade schools, special training, awards or activities you have participated in:

\_\_\_\_\_  
\_\_\_\_\_

V. EMPLOYMENT HISTORY

Give a complete account of ALL previous employment, including time spent in military service, and periods of unemployment. List most recent employer first. You may exclude organization names which indicate sex, race, religion, age, color, national origin or disability. Use additional pages if necessary.

• Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Place \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Salary \_\_\_\_\_

Describe type of work:

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

• Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Place \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Salary \_\_\_\_\_

Describe type of work:

\_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. REFERENCES (List 3 other than relatives)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

VII. HEALTH

Can you perform the essential functions of the job without an accommodation?                      YES      NO

If no, what accommodations are needed?

\_\_\_\_\_

VIII. OTHER

1. Person to notify in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Are you legally eligible for employment in this country?                      YES      NO

(Proof of U. S. citizenship or immigration status will be required upon employment)

I authorize Five Points Washington to perform all required background investigations necessary for my employment. I agree to take a pre-placement physical and/or drug screen in addition to any other tests/evaluation required for employment.

I authorize my former employers and listed references to give information concerning me, whether or not it is in their records, and I release them and their companies from any liability whatsoever. I certify that all statements given on this application are correct, and realize that falsification or misrepresentation of this or any other personnel record may prevent employment or result in my discharge. In the event of employment, I agree to abide by all present and subsequently issued rules of Five Points Washington.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurance to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date