

APPLICATION INSTRUCTIONS

NAME: _____ DATE: _____

POSITION APPLIED FOR: _____

1. The purpose of the application form is to provide you with the opportunity to demonstrate your skills, experience, abilities and other personal attributes that meet the qualification requirements for the job position that is available. It will be to your best interest to take your time and list the qualifications you believe you have, **in addition to what has been listed on your resume.**
2. Any individual who needs accommodations or assistance in making application for employment at any time during the application process should inform the HR Manager, so that such accommodations can be made.
3. All of the inquires on the application must be completed and the information you provide must be accurate and truthful. If an inquiry is left blank, your application will be rejected. If you feel the question or information sought is not applicable, put N/A for a response. Any false or inaccurate information will result in the rejection of the application or will result in termination of employment if the false or inaccurate information is discovered after the date of hire.
4. Ostrom has a strong commitment to programs that promote safety in the workplace, employee health, and well being. Ostroms believes that prohibiting the use or influence of alcohol, illegal drugs, and controlled substances in the workplace will improve the safety, health, and productivity of our employees. **Therefore, has adopted a policy of pre-employment drug testing, reasonable suspicion drug and/or alcohol testing and post accident drug and/or alcohol testing.**
5. **Pre-employment Drug Testing-**All job offers, including offers for full-time, part-time and temporary employment, will be contingent on satisfactory passing a drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for 90 days after a positive test result.
6. In accordance with Section 274A of the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, will be required to provide proof of eligibility to work in the United States (form I-9).

I understand that my application will only be considered active for 12 months from the date signed below. I hereby acknowledge that I understand these instructions and will abide by them.

Applicant's Signature

Date



**8322 Steilacoom Rd
Olympia, WA 98513
360-491-1410**

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

Are you 18 years or older? Yes or No

Are you prevented from lawfully becoming employed in this country? Yes or No

Position applied for (1) _____
and salary desired (2) _____

Ever applied with this company before? Yes or No When?

When available for work? _____

Referred by _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, please explain. _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work experience			
Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Ostrows creates an actual or implied contract of employment. I understand that, if I accept employment with Ostrows, it will be on an at-will basis. This means that either Ostrows or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Ostrows. I release Ostrows, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Ostrows to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Ostrows and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** _____

Ostrows is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Ostrows depends solely on your qualifications.