Rainier Lighting & Electric Supply, Inc.

P.O. Box 98892 ~ Tacoma, WA 98498 12511 Pacific Highway SW ~ Tacoma, WA 98499 Phone 253-581-8180 ~ Fax 253-581-8198 Toll Free 1-800-782-2922

Application for Employment

Wage or salary desired:			
Date you can begin work:			
How did you learn of this opening?			
PERSONAL INFORMATION:			
Name:	First	Middle	nitial
Present Address:	City	State	Zip
Phone Number: ()	Soc. Sec. #:		
Are you over 18 years old?Yes No			
Are you a U.S. citizen or otherwise autho Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	inor traffic violation	n? _Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	inor traffic violation	n? _Yes
Have you ever been convicted of a felony	y or a misdemeanor other than a m	inor traffic violation	n? _Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	inor traffic violation	n? _Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	 Yes No	n? _Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	 Yes No	n?Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m	inor traffic violation Yes No Year C	n?Yes
Have you ever been convicted of a felony If yes, please explain:	y or a misdemeanor other than a m our present employer at this time? 		n?Yes Graduated Degree Degree Ou possess v

EMPLOYMENT HISTORY – Please list your present or most recent employer FIRST.

1. Date/Salary Information	Job Duties/Employer Information		
Date Started Mo. / Yr.	Job Title		
	Description of Duties		
Date Left Mo. / Yr.			
Salary			
Supervisor's Name	Employer Name/Address		
Supervisor 5 Maine			
Supervisor's Phone Number	Reason for Leaving		
2. Date/Salary Information	Job Duties/Employer Information		
Date Started	Job Title		
Mo. / Yr. Date Left	Description of Duties		
Mo. / Yr.			
Salary			
Supervisor's Name	Employer Name/Address		
Supervisor's Phone Number	Reason for Leaving		
3. Date/Salary Information	Job Duties/Employer Information		
Date Started	Job Title		
Mo. / Yr. Date Left	Description of Duties		
Mo. / Yr.			
Salary			
Supervisor's Name	Employer Name/Address		
Saper Jor Brance			
Supervisor's Phone Number	Reason for Leaving		

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

Name	Address/Phone		Year s Acquainted
2.			
Name	Address/Phone		Years Acquainted
3.			
Name	Address/Phone		Years Acquainted
n case of Emergency, notify:		Phone #:	

Applicant's Certification and Agreement

I certify that I have given true, accurate, and complete information, and I further understand that any false statement and/or omission in this application or other supporting documents will be sufficient grounds for rejection of the application or termination or employment without notice.

I authorize Rainier to make any and all necessary and appropriate investigations to verify information in this application, including a check of criminal records, educational credentials, and work experience.

_	
-	l
	-)

Applicant's Signature: _____ Date Signed: _____

\boldsymbol{c}	_	2
	_	
L		J
`	ν^{-}	/

_