



APPLICATION FOR EMPLOYMENT

PERSONAL (Please complete each section, even if a resume is attached.) **APPLICATION DATE** _____

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

SS# _____ Position Desired _____ Salary Desired _____

Full-time Part-time Available Date to Start _____

Are you presently employed? _____ May we contact your employer? _____

If no, reason why? _____

Supervisor's name _____ Phone # _____

EDUCATION

Name/Address of School	# Years Attended	Course of Study	Degree/Diploma
<i>College:</i>			
<i>High School:</i>			
<i>Other:</i>			

EMPLOYMENT EXPERIENCE

Please start with your present or last job.

Date: From/to	Employer Name/Address/Phone	Pay	Position	Reason for leaving

RELATED SKILLS

Other Information you think would be helpful for us to know:

REFERENCES

Please provide three references that are not related to you and not previous employers.

Name	Address	Phone	# years known	Occupation

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree to a Washington State Patrol Background check and have submitted the necessary form (furnished at the end of this application—please complete Section A only).

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewed by _____		Date _____	
Comments: _____			
Hired: yes <input type="checkbox"/> no <input type="checkbox"/>		Position _____	
		Department _____	
Salary/wage _____		Date employment begins _____	
Approved by _____			

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<https://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Receive background results electronically

Phone No. (____) _____

Email address

Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Right Thumb Print (Optional)

Name

Address

City State ZIP Code