## ROLLER VALLEY

9415 E 4th Ave Spokane Valley, WA 99206 (509) 288-4811 info@rollervalleyspokane.com

Date:		

		Employment App	lication Inf	formation	
FULL NAME	ast:		First:		M.I.
Address:					
Street Address				Apartm	nent/Unit #:
	City			State	Zip Code
Phone: ( _	)	E-mail Address:			_
Date Available:		Social Security No.:			
Position Applied	for:				
Are you a citizen	of the United States?	YES NO	If no, are yo	ou authorized to work in th	YES NO
Have you ever w	orked for this company?	YES NO	D ( (D		
Have you ever be	een convicted of a felony	YES NO	Date of B	irtn: 	
If yes, explain:		Educati	on		
High School:		Address:			
From:	To:	Did you grad	YES uate?	NO Degree:	
College:		Address:			
From:	To:	Did you grad	YES uate?	NO Degree:	
Other:		Address:			
From:	To:	Did you grad	yES uate?	NO Degree:	
Other:		Address:			
From:	To:	 Did you grad	YES uate?	NO Degree:	

		References	
Please list three (3,	professional references		
Full Name:		Relationship	
Company:			
Address:			
Full Name:		Relationship	
Company:		Phone: ( )	
Address:			
Full Name:		Relationship	
Company:		Phone: ( )	
Address:			
	Previo	ous Employment	
Company:		Phone: ( )	
Address:			
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact y	our previous supervisor for a reference?	YES NO	
Company:		Phone: ( )	
Address:			
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact v	our previous supervisor for a reference?	YES NO	

Company:			Phone: (	)	
Address:					
Job Title:		Starting	g Salary: \$	Ending Salary: \$	
Responsibilities:					
From:	To:	Reason	for Leaving:		
May we contact you	r previous supervisor fo	or a reference?	NO		
		Military	/ Service		
Branch:			From:	To:	
Rank at Discharge:			Type of Dis	scharge:	
If other than Honora	ble, please explain:				
		Disclaimer a	and Signature		
, ,	·	and accurate to the be	,		
	nds to employment, I ui on on employment witl		misleading informatior	n in my application or interview may resut i	n my
Signature: *				Date:	
Printed Name:					

Send completed application form with resume(\*if applicable) to:

info@rollervalleyspokane.com or Drop off at business location