

Application for Employment

Mail, Scan and Email or Fax to:

A-1 Performance Inc.

620 West Scott Street

Aberdeen, WA 98520

Apply@a1performance.com

Phone: 360-538-0501 / Fax: 360-538-5808



Part 1. General Information

Do not leave any area blank or your application will be discarded. If it does not apply, put NA.

Position you are applying (Job Title)			Social Security Number (Optional)		
Name (Last, First, and Middle Initial)			Email Address		
Mailing Address		Street / Physical Address		Home Phone	Cell Phone
City	County	State	ZIP	Work or Message Phone <input type="checkbox"/> Wk? <input type="checkbox"/> Mess?	
Emergency Contact			Relationship		Telephone
Emergency Contact			Relationship		Telephone

Are you willing to travel as part of this job? Yes No If so, how far (approximate miles)?

Do you have transportation to get to and from work? Yes No

Will you be able to travel to more than one location in a night to perform work? Yes No

What hours are you available to work? From am pm To am pm

How many hours would you prefer to work each day?

Are there any days or times that you would not be available to work?

Do you require any special equipment or help to perform this job? If so, what?

Preferred Schedule Full-Time Part-Time Project Seasonal On-Call

Part 2. BACKGROUND INFORMATION

Washington Driver License Number	Expiration Date	Picture ID Number (If no WDL)	Expiration Date
Have you been convicted of a misdemeanor or felony? (Answering yes will not automatically bar you from employment, however some agencies we service, will require a clear background) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			
Other than English, what languages do you speak, read, or write fluently?			
Have you ever worked for this company before? If yes, when			
If we decided to hire you, how soon would you be able to start?			

Part 3. Education and Training

Have you graduated from high school or passed the GED? Yes No

List college, business school, military training, and other **relevant** education.

School Name and Location	Month and Year Attended From and To	Type of Degree / Major	Did you Graduate or Complete the Course?
1	/		
	/		
2	/		
	/		
3	/		
	/		
4	/		
	/		
5	/		
	/		

Part 4. Employment History

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Wk
Salary or Hourly Pay					
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					

2. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Wk
Salary or Hourly Pay					
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					

3. Previous Employer		Employer's Address		Employer's Phone Number	
Your Title		Months & Years Employed in this Position From / To /		Total Months	Average Hours /Wk
Salary or Hourly Pay					
Immediate Supervisor's Name	Reason for Leaving			Number of Employees Supervised	
Specific Duties:					

Part 5. Date and Signature

TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Date (Month/Day/Year) Sign or Print Your Full Name Here

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