



Signature Northwest, LLC

APPLICATION FOR EMPLOYMENT

Thank you for considering SIGNATURE NW LLC in your job search. SIGNATURE NW LLC is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, or uniformed service status. No application will be rejected as a result of a disability that, with reasonable accomodation, does not prevent performance of the essential job duties.

CONFIDENTIAL

Please complete by printing in dark ink.

Complete all questions, and sign your initials and name on the last page where indicated.

Date

Personal Information

Last Name	First Name	Middle Initial
Street Address	City and State	Zip Code
Home Phone	Work Phone	Date You Can Begin
E-mail Address	Position Applied For	Salary Desired

Level and Type of Education	School Name	City and State	Last Year Completed	Did You Graduate?
High School			9 10 11 12	
College or University			Less than 1 Year 1 2 3 4	Degree:
Additional Schooling			Number of Years:	Certificate or License:

Special Skills:
Software Applications:
Other Skills:

Employment Record

Please list your most recent jobs first. Include military service as part of your employment record. If you have a resume, please attach it to this form.

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
	From: To:
Starting Salary	Ending Salary
Reason for Leaving	Essential Job Duties

Employer	Address
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
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Reason for Leaving	Essential Job Duties

Please read carefully, initial each paragraph and sign below

_____ I certify that I have answered the above questions truthfully and have no withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

_____ I authorize SIGNATURE NW to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release SIGNATURE NW, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If hired, I recognize the rules and policies of SIGNATURE NW. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of (SIGNATURE NW Name) or myself. I understand that the President and CEO of the company is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contact, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

_____ I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to SIGNATURE NW for their use in evaluating my suitability for employment. Further, I release the examining facility and SIGNATURE NW from any and all liability, and from any damage that may result from the release of such information.

Date

Signature

**Important Information to Know Before Filling Out
An Application for Employment with SIGNATURE NW, LLC.**

1. All Areas of the application must be filled out completely and accurately. Please fill in the required information directly on the application and, do not indicate “see resume”.
2. If you are offered a position with SIGNATURE NW LLC be aware that we may verify all of the information that you have written on the application, as well as your resume. If there is a discrepancy in your information, the job offer may be withdrawn. It is important to be sure that what you have written is correct.
3. If you have any questions about completing the application, it is important to please ask the SIGNATURE NW LLC representative who has been assisting you.

Thank you for your cooperation.

Applicant Acknowledgement

My signature below indicates that I have read and understand the important of supplying accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn if any of the information is not correct.

Applicant Signature

Date