



KING FEED

30510 MOUNTAIN HWY E
EATONVILLE, WA 98328

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, religion, handicap, or national origin.

PERSONAL INFORMATION

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET/ROAD) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER _____ ARE YOU 18 YRS OF AGE OR OLDER _____ YES _____ NO

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE # _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

SALARY/WAGE DESIRED _____ ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

IF CURRENTLY EMPLOYED, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO

EDUCATION

ELEMENTARY _____

HIGH SCHOOL _____ DID YOU GRADUATE? _____ YES _____ NO

COLLEGE _____ DID YOU GRADUATE? _____ YES _____ NO

VO-TECH/TRADE SCHOOL _____

IF YOUR EDUCATION EXTENDED BEYOND HIGH SCHOOL, PLEASE GIVE A BRIEF DESCRIPTION OF SUBJECTS STUDIED AND DEGREE(S) RECEIVED. _____

GENERAL INFORMATION

JOB RELATED SKILLS (TYPING, SPECIAL LICENSE, ETC.) _____

EXTRA-CURRICULAR ACTIVITIES _____

HAVE YOU SERVED IN ANY OF THE ARMED FORCES? IF SO WHICH ONE(S)? _____

EMPLOYMENT HISTORY (LIST MOST RECENT EMPLOYER FIRST)

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY/ WAGE	POSITION	REASON FOR LEAVING
From _____ To _____	-----			
From _____ To _____	-----			
From _____ To _____	-----			
From _____ To _____	-----			

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE	POSITION

AUTHORIZATION

_____ I authorize investigation on all statements contained in this application. I understand that misrepresentation of the information requested is cause for dismissal. Further, I understand and agree that 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 cause and without previous notice.

SIGNATURE _____ DATE _____

WE ARE A DRUG FREE WORKPLACE**EMERGENCY CONTACT**

NAME _____ RELATION _____

ADDRESS _____

PHONE NUMBER _____

OFFICE USE ONLY

APPLICATION ACCEPTED BY _____ DATE _____