

Divine's Employment Application

Name: _____ Date: _____

NOTICE: Applicants must be able to pass a Background Check conducted by the Washington State Patrol before they can be considered eligible for hire.

Phone #	Email:
Address:	
Position applying for:	
Available start date:	Do you a Washington Driver's License? Yes <input type="checkbox"/> or No <input type="checkbox"/>
Full Time <input type="checkbox"/> or Part Time <input type="checkbox"/>	Do you have a CDL Yes <input type="checkbox"/> or No <input type="checkbox"/>
Can you work nights and weekends? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Are you 21 or older? Yes <input type="checkbox"/> or No <input type="checkbox"/>
Have you ever worked for Divines? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Do you have the right to legally work in the US? Yes <input type="checkbox"/> or NO <input type="checkbox"/>
Why are you applying with Divine's?	
How did you hear about us?	

Education	Name of School	# of years completed	Major or Degree
High School			
College			
Bus of Trade School			
Other			

****10 year Employment History-** Please start with the most recent job

1	Employer:	Job Title:
Dates of Employment: From: _____ to: _____		Rate of Pay: _____ Fax #: _____
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

2	Employer:	Job Title:
Dates of Employment: From: _____ to: _____		Rate of Pay: _____ Fax #: _____
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

3	Employer:	Job Title:
Dates of Employment: From: to:		Rate of Pay: Fax #:
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

4	Employer:	Job Title:
Dates of Employment: From: to:		Rate of Pay: Fax #:
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

5	Employer:	Job Title:
Dates of Employment: From: to:		Rate of Pay: Fax #:
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

6	Employer:	Job Title:
Dates of Employment: From: to:		Rate of Pay: Fax #:
Address:		
Phone #:		Contact:
Reason for leaving (be specific):		
Voluntary? Yes <input type="checkbox"/> or No <input type="checkbox"/>		

Is there any other information you would like us to know?