



Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used to exclude any applicant from consideration unless it is a bona fide occupational requirement reasonably necessary to the operation of our business. Any applicant requiring reasonable accommodation should notify a Compass manager.

Name: _____ Date: _____

Address: _____ City, State Zip: _____

Email: _____ Phone: _____ Position: _____

Employment History:

1. Employer: _____ Phone No: _____

Address: _____ Position Held: _____

Dates employed: _____ to _____ Supervisor: _____

Job Duties: _____

Reason for leaving: _____

2. Employer: _____ Phone No: _____

Address: _____ Position Held: _____

Dates employed: _____ to _____ Supervisor: _____

Job Duties: _____

Reason for leaving: _____

3. Employer: _____ Phone No: _____

Address: _____ Position Held: _____

Dates employed: _____ to _____ Supervisor: _____

Job Duties: _____

Reason for leaving: _____

Were you referred by someone? _____

References:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3 Name: _____ Phone: _____

Educational History: School name, course of study, and any degree(s) earned.

High School: _____ City, State: _____
College: _____ City, State: _____
Technical Training or Other: _____

Other Questions:

Date that you are available to start work: _____
Are you able to meet the job description requirements? Yes No
Can you provide documents for legal authorization to work and identity? Yes No
Do you have transportation to and from work? Yes No
Are you able to work overtime or weekends if required? Yes No
Have you or a family member ever been employed by Compass? Yes No
If yes when, whom, and relation? _____
Are you over 18? Yes No
Do you have a valid WA state driver’s license? Yes No

Certification and Signature:

I hereby authorize Compass to contact, obtain, and verify all the information including any statements made in this application or in any attached or supporting documents. I authorize Compass to request and receive such information and I release from all liability any persons or employers supplying it. I also release you from all liability which might result from making the investigation.

I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for denial of employment or immediate termination, regardless of when and how discovered.

I understand that if I am employed I may be required to submit to employment physical or other professional examinations, medical inquiries, and/or urine analysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquires and/or testing at Compass’ expense. I authorize release of the results to Compass and their use to evaluate my suitability for employment. I release Compass from all liability arising out of or connected with any examinations, inquiries and/or testing.

I understand that if I am employed that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I also understand that either I or Compass can terminate the employment at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that if I am employed I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination.

This original application for employment will only be considered for 30 days.

I have read and understand each of these statements. Yes No

Applicant signature: _____ Date: _____