



APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THE ENTIRE APPLICATION BY PRINTING OR WRITING LEGIBLY IN INK

Date of Application: _____ Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Position Desired: _____ Salary Desired: _____

Date Available for Employment: _____ Previously Employed at Sleeping Lady? ____ (yes) ____ (no)

Dates of Previous Employment: _____ Position Held: _____

Are you related to anyone presently employed at Sleeping Lady? ____ (yes) ____ (no) Name: _____

Do you have a valid driver's license? ____ (yes) ____ (no)

Are you a non-smoker (including cigarettes, e-cigs, vape, etc.)? ____ (yes) ____ (no)

ELIGIBILITY: Are you eligible to work in the United States? ____ (yes) ____ (no)

Pursuant to the Child/Adult Abuse Information Act, the Revised Code of Washington (RCW) 43.43.830 – 43.43.845 allows employers to conduct pre-employment background checks. Have you ever been convicted of a crime against children or other persons, criminal dependency proceedings, abuse of vulnerable adults, or DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision? ____ (yes) ____ (no)

If yes, please explain: _____

SLEEPING LADY IS A NON-SMOKING FACILITY.

NO SMOKING IS PERMITTED IN ANY OF THE BUILDINGS OR ON THE GROUNDS.

My initials indicate that I have read and understand the above stated smoking policy. _____ (Initial)

Sleeping Lady reserves the right to test employees for the presence of drugs or alcohol, including marijuana, on the basis of a pre-employment screening, suspected impairment and/or a random sampling of employees

EMPLOYMENT HISTORY

1. Name of Company: _____ Position Held: _____
Type of Business: _____ Phone: _____ Supervisor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates Employed: _____ to _____ Salary: \$ _____
Brief description of duties: _____
Reason for leaving: _____
If your current employer, may we contact? _____
2. Name of Company: _____ Position Held: _____
Type of Business: _____ Phone: _____ Supervisor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates Employed: _____ to _____ Salary: \$ _____
Brief description of duties: _____
Reason for leaving: _____
3. Name of Company: _____ Position Held: _____
Type of Business: _____ Phone: _____ Supervisor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates Employed: _____ to _____ Salary: \$ _____
Brief description of duties: _____
Reason for leaving: _____
4. Name of Company: _____ Position Held: _____
Type of Business: _____ Phone: _____ Supervisor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Dates Employed: _____ to _____ Salary: \$ _____
Brief description of duties: _____
Reason for leaving: _____

EDUCATION HISTORY

<u>Name</u>	<u>Location</u>	<u>Major Course/Subject</u>	<u>Graduate (yes/no)</u>
High School:	_____	_____	_____
Technical:	_____	_____	_____
Trade School:	_____	_____	_____
College:	_____	_____	_____
College:	_____	_____	_____
Other Education:	_____	_____	_____
Training:	_____	_____	_____

LIST ANY ADDITIONAL EDUCATION OR TRAINING ON SEPARATE SHEET IF NECESSARY

Other Activities (professional memberships, certificates, licenses, etc.):

Past and present civic or cultural activities:

Recreational interests:

PROFESSIONAL / WORK REFERENCES

List at least two supervisors and one person who have knowledge of your qualifications for the position for which you are applying. Please indicate if references can be contacted as soon as we receive your application.

- Name: _____ Address: _____
Current Phone Number: (_____) _____ Title/Relationship: _____
Occupation / Business: _____ Length of acquaintance? _____
- Name: _____ Address: _____
Current Phone Number: (_____) _____ Title/Relationship: _____
Occupation / Business: _____ Length of acquaintance? _____

3. Name: _____ Address: _____

Current Phone Number: (____) _____ Title/Relationship: _____

Occupation / Business: _____ Length of acquaintance? _____

4. Name: _____ Address: _____

Current Phone Number: (____) _____ Title/Relationship: _____

Occupation / Business: _____ Length of acquaintance? _____

Sleeping Lady believes that all persons are entitled to equal employment opportunity and does not discriminate against its employees or applicants because of race, ethnicity, religion, gender, national origin, citizenship, marital status, veteran status, age, physical disability, use of a trained guide dog or service animal, sexual orientation or any other consideration made unlawful by applicable federal, state or local laws. Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall and termination.

Sleeping Lady strictly prohibits illegal harassment including sexual, racial and ethnic. Employees who violate this policy are subject to discipline, up to and including possible termination.

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service if employed. I understand that my employment may be contingent upon receipt of any alien registration number, verification of birth, Social Security number and other pertinent information bearing upon my employment. I understand that my employment with Sleeping Lady is at-will, which means that either I or Sleeping Lady may terminate the employment relationship at any time with or without reason. I further understand that my employment will not be terminated for any unlawful reason which constitutes discrimination on the basis of race, color, religion, sex, national origin, age, citizenship, disability, marital status, and medical conditions.

Signature of Applicant

Date Signed

Mail application to:

**Sleeping Lady
7375 Icicle Road Leavenworth,
WA 98826 (509)548-6344
Or fax to: (509)548-5564
Attention: Susan Stephens, Human Resource Manager**