

APPLICATION FOR EMPLOYMENT

WALLA WALLA. WASHINGTON
11 East Main Street . Walla Walla, Washington . 99362 . (800) 350-5533 . (509) 525-5533

NAME					
			STATE	ZIP	
)				
	AGE OF 18? YES N		DATE OF BIRTH		
DO YOU POSSESS A V	VALID DRIVER'S LICENS	SE? YES NO)		
EDUCATION:					
TYPE OF SCHOOL	SCHOOL	DATES	MAJOR	DEGREE / DATE	
HIGH SCHOOL					
COLLEGE					
OTHER					
PHONE () POSITION	NG:	SUPERVISOR MAY WI	E CONTACT THIS EN		
EMPLOYERS NAME_			FROM	TO	
	MAY WE CONTACT THIS EMPLOYER?				
REASON FOR LEAVIN	√G:				
REFERENCES: (Prov	vide at least two)				
NAME		ADDRESS		PHONE	

QUALIFICATIONS:	
What experience do you have that would reflect your sales and customer relations ability?	
Do you have the ability to accomplish tasks without supervision and instruction? Explain.	
Why do you feel you are the best candidate to join the team at Brights?	
Bright's is open Monday through Thursday, 9:30 to 8 or 9 pm (depending on season), Friday & Saturday 9:30 to 8 or 9	9
pm, and Sunday 11 am to 8 or 9 pm. What hours would you be available to work?	
Other comments:	
To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will b	e
grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize investigation of all	
statements in this application.	
Signature: Date:	