



Campbell & Company

2828 West Irving • Pasco, Washington 99301 • Phone (509) 545-9848 • Fax (509) 545-1692

P E R S O N A L	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME TELEPHONE ()
	CITY, STATE, ZIP			BUSINESS TELEPHONE ()
	POSITION DESIRED			SOCIAL SECURITY #
	APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK? _____			WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____
	OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.)			

E D U C A T I O N	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY COMPLETED	NUMBER OF YEARS	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS / TRADE / TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion or national origin)

EXPERIENCE

Describe fully but briefly your experience and duties. Describe only those jobs that can be considered permanent. Your ability to evaluate your qualifications depends largely upon the completeness with which you furnish this information.

DRIVING INFORMATION

If the position requires the operation of a motor vehicle, please complete the following:

Do you possess a valid Driver's License? YES NO

STATE: _____ LICENSE NUMBER: _____ EXPIRATION DATE: _____

CLASS: _____ ENDORSEMENTS: _____ DATE OF BIRTH: ____/____/____

Have you had a Driver's License in another state within the past three (3) years? YES NO

If yes: State _____ License Number _____

Has your license ever been restricted, suspended or revoked? YES NO If yes, please explain:

Have you had any moving violations within the past three (3) years? YES NO

Have you been convicted of a crime in the past in (10) years? YES NO If yes, please describe in full:

State names of relatives and friends working for us, other than your spouse:

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any mis-statement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date _____ Signature

NAME OF PERSON(S) TO CONTACT IN AN EMERGENCY:

PHONE _____

PHONE _____

FOR OFFICE USE ONLY

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INTERVIEWER NAME AND COMMENTS

Authority to Release Information

I understand that in processing my application with M. Campbell & Company, Inc., an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless M. Campbell & Company, Inc., and its agent Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials, Incorporated.

I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

LAST NAME	FIRST NAME	MIDDLE NAME
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PREVIOUS NAME/MAIDEN NAME/ A.K.A.S	DATE OF CHANGE
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STREET ADDRESS

CITY	STATE	ZIP CODE
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PLEASE LIST THE CITIES AND STATES YOU HAVE LIVED IN, IF THE ABOVE ADDRESS DOES NOT ENCOMPASS 7 YEARS.

SOCIAL SECURITY NUMBER	DATE OF BIRTH
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DRIVERS LICENSE NUMBER	STATE ISSUED
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I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION WOULD BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL. THIS RELEASE WILL EXPIRE ONE YEAR AFTER THE DATE OF ORIGATION.

SIGNATURE	DATE
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