## Wenatchee Productions, Inc.

## Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR:	DATE: FIRST NAME: CITY:	
LAST NAME:		
ADDRESS:		
TELEPHONE NUMBER:		
SOCIAL SECURITY NUMBER:		
_		
Em	ployment Experience	
Employer:	Job Title:	
Address:	Telephone:	
Supervisor:	Dates Employed:	
Reason for Leaving:	Salary:	
Work Performed:		
	Job Title:	
Address:	Telephone:	
Supervisor:	Dates Employed:	
Reason for Leaving:	Salary:	
Work Performed:		
Employer:	Job Title:	
Address:	Telephone:	
	Dates Employed:	
	Salary:	

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment	ent or other e	experience.	
If you are under 18 years of age can you provide required proof of your eligibility	y to work?	YES	NO
Have you ever been employed with us before?		YES	NO
	If yes, give	date	
Are you currently employed?		YES	NO
May we contact your present employer?		YES	NO
On what date would you be available for work?			
References			
Name:Tele	ephone:		
Address:			, , , ,
Name:Tele	ephone:		
Address:			
Name:Tele	ephone:		
Address:			
Applicant's Statement			
I certify that answers given herein are true and complete to the best of my known ments contained in this application for employment as may be necessary in an understand and acknowledge that unless otherwise defined by applicable law, a zation is of an "at will" nature, which means that the Employee may resign at any time with or without cause. It is further understood that this "at will" employme written document or by conduct unless such change is specifically acknowledge organization. In the event of employment, I understand that false or misleading views may result in discharge. I understand, also, that I am required to abide by	rriving at an ny employm time and the nt relationshin writing by information	employmen ent relations Employer m hip may not an authoriz given in my	at decision. I hereby with this organi- chip with this organi- nay discharge at any be changed by any zed executive of this application or inter-
Signature of Applicant	Date		