



620 SE Meadow Vale Dr.
 Pullman, WA 99163
 Phone: (509) 334-9138
 Fax: (509) 334-0698
 Email: Larry144@RelayApplication.com

Application for Employment

POSITION APPLIED FOR:

Title

PERSONAL INFORMATION

Name (Last, First, Middle Initial)		Social Security Number	
Address (Street, City, State, Zip Code)			
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected Pay
		Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List Name(s):			
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>			

EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed.

Name & Location of School	# of yrs. Complete	Graduated	Degree & Major
Graduate School		<input type="checkbox"/> Yes If no, approx. number of credit hours completed:	
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Trade, Business or Correspondence School		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	

LICENSES/COMPUTER SKILLS/CERTIFICATIONS/PROGRAMS/LANGUAGES: List technical or specialized skills/credentials relevant to this job, including certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or specialized software or hardware. Add level of competency where appropriate (Beginner, Intermediate, Advanced)

EMPLOYMENT HISTORY: List all employment including military and volunteer service *starting with the most current position held*. Show employment history from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in *reference* checks.

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Have you ever involuntarily left a job or been laid off? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:			

PLEASE READ CAREFULLY AND CHECK THE BOX - I certify that the above statements are correct. I understand that *any* false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I further understand that Relay Application Innovation, Inc. has the right to review my education, previous employment, driving, and criminal records and other background data.

RAI does not employ individuals who smoke. The RAI no-smoking policy is to protect the health of the employees, to maintain the best health benefits, and to minimize loss of productivity related to smoking illnesses. A non-smoker is someone who has not smoked for 6 months prior to accepting employment. This policy applies to employees of the RAI office that is located in Washington State.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

EMPLOYMENT HISTORY CONTINUATION

Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			
Dates Employed (month/year) From: _____ To: _____		Position Title	
Salary Start: \$ _____ /Month Final: \$ _____ /Month		Organization Name/Address	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____			
May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Name/Title/Phone:	Reason For Leaving:
Duties:			