

From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			
From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			

Residential History

Please provide your current and previous residential history.

CURRENT ADDRESS					Rent _____ Own _____ Lease _____		
Street Address			Apt #	City		State	Zip Code
Name of Apartments (if applicable)				How Long?	From	To	
Landlord/Management Company/Owner/Mortgage Company							
Landlord/ Mortgage Company Address				City		State	Zip Code
Telephone Number			Fax Number			Email Address	
PREVIOUS ADDRESS					Rent _____ Own _____ Lease _____		
Street Address			Apt #	City		State	Zip Code
Name of Apartments (if applicable)				How Long?	From	To	
Landlord/Management Company/Owner/ Mortgage Company							
Landlord/ Mortgage Company Address				City		State	Zip Code
Telephone Number			Fax Number			Email Address	

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AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course Of Study
High School			
College			
Other			

References

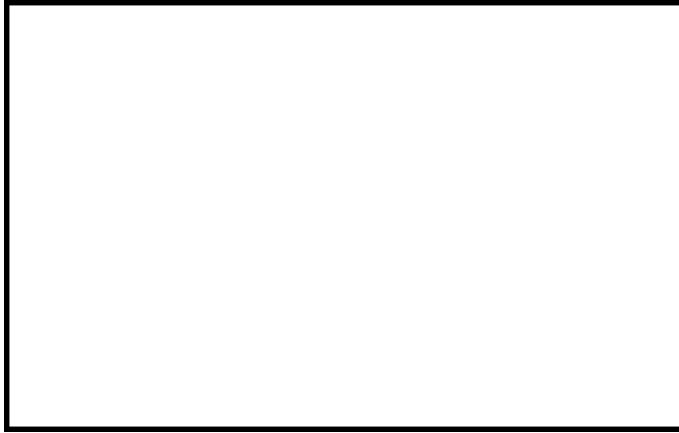
Name	Relationship	Telephone Number	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

SIGNATURE OF APPLICANT _____ DATE _____



COPY OF SOCIAL SECURITY CARD

A large, empty rectangular box with a black border, intended for a copy of a Driver's License. At the bottom left of the box, there are two lines of text with dashed lines for input: "DL# _____" and "DATE OF BIRTH _____".

DL# _____
DATE OF BIRTH _____

COPY OF DRIVER'S LICENSE

Company: _____ Phone: _____
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RELEASE AUTHORIZATION

In connection with my application for employment and/or continued employment and/or contract employment with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip	Driver's License # / State	
Other Last Names Used	Other States and Counties I have lived in as an adult...		State	County	Zip	From (year)	To (year)
		1					
		2					
		3					
		4					

Have you ever been charged or convicted of a crime: Yes No
If yes, what State & County: _____ **What was the nature of the crime?**
(give details): _____

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
 P.O. Box 277
 Anacortes, WA 98221
 Phone: (800) 341-0022
 Fax: (800) 522-6722