

DESIGNERS WAREHOUSE

3210 Hewitt Ave., Everett, WA 98201
 Phone: (425) 339-2094 Fax: (425) 339-9058

SOCIAL SECURITY / INS. #

DATE

 / /

LAST NAME FIRST NAME M.

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ADDRESS TELEPHONE

CITY STATE ZIP CODE

Position Applying For: _____ Date Available: _____ / ____ / ____

Salary Desired: _____ Hours Available: _____

Shift: Any Day Afternoon Evening Other _____

EDUCATION	NAME & LOCATION	DEGREE
High School		
University / College		
Other		

EMPLOYMENT HISTORY (most recent first)	
Employer:	Job Title:
Supervisor:	Duties:
Address:	
Phone:	Reason for leaving:
Employed From: _____ To: _____	Salary:

Employer:	Job Title:
Supervisor:	Duties:
Address:	
Phone:	Reason for leaving:
Employed From: _____ To: _____	Salary:

Employer:	Job Title:
Supervisor:	Duties:
Address:	
Phone:	Reason for leaving:
Employed From: To:	Salary:

REFERENCES		
NAME	OCCUPATION	TELEPHONE

SKILLS	
<input type="checkbox"/> PC	<input type="checkbox"/> Telemarketing
<input type="checkbox"/> Macintosh	<input type="checkbox"/> Inventory
<input type="checkbox"/> Typewriter / WPM: _____	<input type="checkbox"/> Heavy Machinery
<input type="checkbox"/> Shorthand / WPM: _____	<input type="checkbox"/> Other, explain:
<input type="checkbox"/> Sales	_____

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand I must truthfully answer all the questions on this application. I also understand that i

SIGNATURE: _____ DATE: ___ / ___ / ___

*** FOR ** OFFICE ** USE ** ONLY ***	
INTERVIEWER:	DATE: / /
Comments:	

ACCEPTED NOT ACCEPTED

*THIS FORM MUST BE FILLED OUT BEFORE
YOUR APPLICATION IS REVIEWED.*

**DESIGNER'S WAREHOUSE
DRUG TEST FORM**

I agree to take a drug test at any time for Designer's
Warehouse upon request of a supervisor.

APPLICANT / EMPLOYEE NAME (Please Print)

DATE

X

APPLICANT / EMPLOYEE SIGNATURE