

## **APPLICATION FOR EMPLOYMENT**

Please check which location you are applying to:	□ Medford, OR □ Kennewick, WA □ Vancouver, WA
	□ Salem, OR □ Meridian, ID □ Gresham, OR
	□ Beaverton, OR □ Hazel Dell, WA □ Any Location

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been completed. Please print, except for signature. Proof of identity and employment authorization will be required upon employment.

NAME (LAST)	(FIRST)	(M)	SOCIAL SECURIT	V NI IMBED	DO YOU HA\	/C TUC I	EGAL PIGHT	ARE YOU AGE 18 OR
NAME (LAST)	(11101)	(IVI)	J J		TO WORK IN			OLDER? — —
(PRESENT) ADDRESS	NUMBER AND STREET		CITY	77	THE U.S.A.?	YES ZIP	NO LI	YES NO NO NO NE NUMBER
(I NESENT) ABBILESS	NOWIBER AND STREET		OIII	01	AIL	211	( )	NE NOWBER
(PERMANENT )ADDRESS	NUMBER AND STREET		CITY	ST	ATE	ZIP	MESSAGE (	OR WORK PHONE
							( )	
POSITION DESIRED			EARN	NINGS EXPECT	ΓED		DATE AVAI	LABLE
WHAT OR WHO HAS STIMULATE	D YOUR INTEREST IN CRAFT	WAREHOUSE?						
HAVE YOU EVER MADE APPLICAT	TION TO OR BEEN EMPLOYED		<u> </u>		FROM		1.	TO
BY CRAFT WAREHOUSE?		<b>□</b> YES	☐ <sub>NO</sub>	DATES				
TYPE OF EMPLOYMENT YOU ARE FULL TIME PAF	SEEKING RT TIME	MAY WE CONTACT	YOUR PRESENT EMI		YES		NO	
		PREVIOL	JS EMPLO	YERS				
EMPLOYER (PRESENT OR MOST R	RECENT)		F EMPLOYMENT H AND YEAR)	TITLE AND	DUTIES:			
ADDRESS		FROM	ТО					
CITY	STATE PHONE #	STARTING SALARY	FINAL SALARY					
IMMEDIATE SUPERVISOR		\$	\$					
REASON FOR LEAVING		PER	PER					
EMPLOYER			F EMPLOYMENT H AND YEAR)	TITLE AND	DUTIES:			
ADDRESS		FROM	ТО					
CITY	STATE PHONE #	STARTING SALARY	FINAL SALARY					
IMMEDIATE SUPERVISOR		\$	\$					
REASON FOR LEAVING		PER	PER					
EMPLOYER		(MONT	F EMPLOYMENT H AND YEAR)	TITLE AND	DUTIES:			
ADDRESS		FROM	ТО					
	STATE PHONE #	STARTING SALARY	FINAL SALARY					
IMMEDIATE SUPERVISOR		\$	\$					
REASON FOR LEAVING		PER	PER					
EMPLOYER			F EMPLOYMENT H AND YEAR)	TITLE AND	DUTIES:			
ADDRESS		FROM	ТО					
CITY	STATE PHONE #	STARTING SALARY	FINAL SALARY					
IMMEDIATE SUPERVISOR		\$	\$					
REASON FOR LEAVING		PER	PER					

PROFESSIONAL REFERENCES, NOT RELATIVES									
NAME TITLE	COMPANY	•							
NAME TITLE	COMPANY	COMPANY							
NAME TITLE	COMPANY		PH	ONE NUMBER					
SC	CHOLASTIC TRAINING								
NAME AND ADDRESS OF SCHOOL(s)	OF STUDY		DID YOU GRADUATE?	IF NO, CURRENT GRADE LEVEL					
HIGH SCHOOL	W	OK. 1 GOODEE							
COLLEGE									
TRADE SCHOOL OR POST GRADUATE STUDIES									
PLEASE LIST ALL CRAFTS THAT YOU DO AND INDICATE THE ONES THAT YOU COULD TEACH.  Have you ever been convicted of a felony?  No  No  No  No  No  No  No  No  No  N									
Craft Warehouse is an equal opportunity employer and does not discriminate against any employee or qualified applicant for employment because of race, creed, color, religion, sex, sexual orientation, age, national origin, physical or mental disability or status as a disabled veteran or veteran of the Vietnam era.									
In signing this application I agree to a pre-employment drug test, and to make any or all employment information available to a bonding company, where applicable and understanding this will be a condition of employment.									
I certify that all of the information provided on this application is accurate and understand that it is subject to verification and that my employment and/or continuance thereof may be contingent upon its accuracy. All applications are kept on file for a period of six months.  Please Note: This application is considered current for 30 days. If you want to be considered for employment after this time you must renew your application in person and in writing.									
I release the company from any and all claims or liabilities arising out employment application and other company documents are not contri		investigation. I	I understand t	hat this					
In consideration of my employment I agree to conform to the rules and regulations of the Company and proof of identity and employment authorization will be required.									
Employees are hired at the discretion of the company, and just as they may voluntarily leave at any time, their employment may be terminated at any time.									
Signature		Date							