



## APPLICATION FOR EMPLOYMENT

Please check which location you are applying to:  Kennewick, WA  Vancouver, WA  Hazel Dell, WA  
 Salem, OR  Gresham, OR  Beaverton, OR  
 Meridian, ID  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)	DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.A.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ARE YOU AGE 18 OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
(PRESENT) ADDRESS			NUMBER AND STREET	CITY	STATE	ZIP	CELL / MOBILE PHONE		
(PERMANENT) ADDRESS			NUMBER AND STREET	CITY	STATE	ZIP	SECONDARY PHONE		
POSITION DESIRED								DATE AVAILABLE	
WHAT OR WHO HAS STIMULATED YOUR INTEREST IN CRAFT WAREHOUSE?									
HAVE YOU EVER MADE APPLICATION TO OR BEEN EMPLOYED BY CRAFT WAREHOUSE?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		DATES	
TYPE OF EMPLOYMENT YOU ARE SEEKING			MAY WE CONTACT YOUR PRESENT EMPLOYER?			FROM			TO
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			YES <input type="checkbox"/>			NO <input type="checkbox"/>			
<b>PREVIOUS EMPLOYERS</b>									
EMPLOYER (PRESENT OR MOST RECENT)			DATES OF EMPLOYMENT (MONTH AND YEAR)			TITLE AND DUTIES:			
ADDRESS			FROM	TO					
CITY			STATE	PHONE #					
IMMEDIATE SUPERVISOR									
REASON FOR LEAVING									
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)			TITLE AND DUTIES:			
ADDRESS			FROM	TO					
CITY			STATE	PHONE #					
IMMEDIATE SUPERVISOR									
REASON FOR LEAVING									
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)			TITLE AND DUTIES:			
ADDRESS			FROM	TO					
CITY			STATE	PHONE #					
IMMEDIATE SUPERVISOR									
REASON FOR LEAVING									
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)			TITLE AND DUTIES:			
ADDRESS			FROM	TO					
CITY			STATE	PHONE #					
IMMEDIATE SUPERVISOR									
REASON FOR LEAVING									

**PROFESSIONAL REFERENCES, NOT RELATIVES**

NAME	TITLE	COMPANY	PHONE NUMBER
NAME	TITLE	COMPANY	PHONE NUMBER
NAME	TITLE	COMPANY	PHONE NUMBER

**SCHOLASTIC TRAINING**

NAME AND ADDRESS OF SCHOOL(S)	COURSE OF STUDY	GRADE POINT AVG./ MAX. POSSIBLE	DID YOU GRADUATE ?	IF NO, CURRENT GRADE LEVEL
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL OR POST GRADUATE STUDIES				

PLEASE LIST ALL CRAFTS THAT YOU DO AND INDICATE THE ONES THAT YOU COULD TEACH.

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.

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 of or in any way related to the application verification investigation. I understand that this employment application and other company documents are not contracts of employment.

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
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