



## 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 SECURITY NUMBER 	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	HOME PHONE NUMBER ( )
(PERMANENT) ADDRESS		NUMBER AND STREET	CITY	STATE	ZIP	MESSAGE OR WORK PHONE ( )
POSITION DESIRED			EARNINGS EXPECTED		DATE AVAILABLE	
WHAT OR WHO HAS STIMULATED YOUR INTEREST IN CRAFT WAREHOUSE?						
HAVE YOU EVER MADE APPLICATION TO OR BEEN EMPLOYED BY CRAFT WAREHOUSE?			<input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	FROM	TO
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>PREVIOUS EMPLOYERS</b>						
EMPLOYER (PRESENT OR MOST RECENT)			DATES OF EMPLOYMENT (MONTH AND YEAR)		TITLE AND DUTIES:	
ADDRESS			FROM	TO		
CITY	STATE	PHONE #	STARTING SALARY	FINAL SALARY		
IMMEDIATE SUPERVISOR			\$	\$		
REASON FOR LEAVING			PER	PER		
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)		TITLE AND DUTIES:	
ADDRESS			FROM	TO		
CITY	STATE	PHONE #	STARTING SALARY	FINAL SALARY		
IMMEDIATE SUPERVISOR			\$	\$		
REASON FOR LEAVING			PER	PER		
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)		TITLE AND DUTIES:	
ADDRESS			FROM	TO		
CITY	STATE	PHONE #	STARTING SALARY	FINAL SALARY		
IMMEDIATE SUPERVISOR			\$	\$		
REASON FOR LEAVING			PER	PER		
EMPLOYER			DATES OF EMPLOYMENT (MONTH AND YEAR)		TITLE AND DUTIES:	
ADDRESS			FROM	TO		
CITY	STATE	PHONE #	STARTING SALARY	FINAL SALARY		
IMMEDIATE SUPERVISOR			\$	\$		
REASON FOR LEAVING			PER	PER		

