



2025 3rd Avenue  
Seattle, WA 98121

P: 206.343.9087  
F: 206.343.7489

# EMPLOYMENT APPLICATION

PERSONAL INFORMATION					
Name: Last	First	M.I.	Social Security No.	Date of Birth	
Current Address: Street			City	State	Zip
			How Long?	Telephone	
Permanent address if different than above			Alternative Telephone		
List activities or commitments that may interfere with attendance requirements					
If requested, can proof of citizenship, Visa or Alien registration be provided?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Will Visa or immigration status prevent lawful employment?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever applied for employment with Abracadabra Printing Inc?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, where?	Approx. date (mo/yr)
				Who referred you to this company?	
EMPLOYMENT INTEREST AND SKILLS					
Type of employment desired			Salary Expected		Date available for work
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Summer					
Jobs Preferred					
Specialized Skills or Training					
EDUCATION					
Schools	Name and Address of School or College	DATES	Major Studies	Graduation Degree Date	GPA
High School					
College					
College (other)					
College (other)					
MILITARY					
Branch of Service	Rank: Entry	Rank: Upon Discharge		Dates (mo/yr)	
EMPLOYMENT EXPERIENCE					
Employers Name & Address		DATES	Immediate Supervisor	Your Position & Salary	Reason for Leaving
Current or Last Employer					
REFERENCES					
Give names of three persons to whom you are not related and by whom you have known for at least 2 years.					
Full Name	Address	Occupation	Years of Acquaintance		
Give names of any relatives (other than spouse), and/or acquaintances in the employ of Abracadabra Printing Inc.					
Full Name	Position	Location	Relationship		
ACTIVITIES					
By submitting this application you authorize investigation of all statements contained in this application. You understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from Abracadabra Printing Inc.'s service if you have been employed. You understand that employment is subject to physical examination in which your health is found to be satisfactory to Abracadabra Printing Inc. You understand that if you are employed, a certified birth certificate or other evidence of birthplace and citizenship is required.					