



Keeney's

15020 NE 95th St.
Redmond, WA 98052-2507
425-869-7555

Employment Application

An Equal Opportunity At-Will Employer

Employment is "at-will" and may be terminated at any time with or without cause or notice.

Date:

Job Interest:

Name:

General	Name (First, Middle, Last)		Telephone Number	Alternative Number	
	Present Address				
	Number & Street		City	State	Zip Code
	Permanent Address				
	Number & Street		City	State	Zip Code
	Were You Ever Employed By Us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, Please Provide Period(s) Employed and Position(s) Held.		
How Did You Learn About Us?					

Job Interest	Position or Type of Work Desired				
	First Choice:		Second Choice:		
	Work Schedule Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available to Begin Work	Wage or Salary Desired?	Are you willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Willing to Work Extra Hours, Weekends, and Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Personal	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Provide ONLY the information requested in this employment application form. Failure to do so will result in disqualification of your application	

Education	Name & Location		Number of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade	Major Field Of Study	Minor Field Of Study	Scholastic Standing or GPA
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	University			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Business, Technical, Other			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					

Scholastic Honors, Scholarships, Assistantships, Awards, Publications, etc.

Employment History - List Most Recent Employer First

Employment History

Company Name		Company Address	
Dates Employed (Mo./Yr.) From To	Your Job Title		Reason for Leaving
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Provide a Brief Description of Your Work and Responsibilities			

Company Name		Company Address	
Dates Employed (Mo./Yr.) From To	Your Job Title		Reason for Leaving
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Provide a Brief Description of Your Work and Responsibilities			

Company Name		Company Address	
Dates Employed (Mo./Yr.) From To	Your Job Title		Reason for Leaving
Supervisor's Name	Supervisor's Title	Telephone	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Provide a Brief Description of Your Work and Responsibilities			

Company Name		Company Address	
Dates Employed (Mo./Yr.) From To	Your Job Title		Reason for Leaving
Supervisor's Name	Supervisor's Title	Telephone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please Provide a Brief Description of Your Work and Responsibilities			

Special Skills	Computer Software Applications	Professional Registrations
	Skills <input type="checkbox"/> Adding Skills <input type="checkbox"/> Calculator <input type="checkbox"/> Dictation Equipment <input type="checkbox"/> Data Entry <input type="checkbox"/> Typing (WPM: _____) <input type="checkbox"/> Shorthand	
	Please List Any Other Applicable Skills. List foreign language only if the employer has checked this box. <input type="checkbox"/>	

Activities	List Organizations of Which You Are a Current or Former Member <small>(Membership in Religious, Ethnic or Foreign Organizations Will Not Be Used for Purposes of Discrimination)</small>
	High School & College Activities (Include, if Applicable, Office or Position Held)
	Professional & Technical Organizations (Include, if Applicable, Office or Position Held)
	Civic & Recreational Activities

References	Please List Three Personal References Whom We May Contact	
	Name	Telephone Number
	Address	State and Zip
	Name	Telephone Number
	Address	State and Zip
	Name	Telephone Number
Address	State and Zip	

Applicant Statement and Acknowledgement
 (BE SURE TO READ THE MATERIAL BELOW, AND SIGN WHERE INDICATED.)

I certify that, to the best of my knowledge, the information given in this application and any attachments are true and correct. I understand that any incorrect, incomplete, false or misleading statement, answer or information will subject my application to disqualification from further consideration, or if employed, may subject me to termination of employment. I hereby agree that the Company may investigate my qualifications with previous employers, personal references and other background security. If employed, I agree to execute a confidentiality/assignment of invention agreement, in consideration of such employment. I understand my employment with the Company is terminable **at-will** and would not be for any fixed period of time, and I may resign at any time for any reason or the Company may terminate my employment at any time for any reason with or without notice, and that this application is not and is not intended to be a contract for continued employment. I understand that according to law all individuals who are hired must as a condition of employment produce certain documentation to verify their legal authorization to work in the U.S. As a consequence, I understand that offer of employment, (and continued employment) would be contingent on my ability to produce the required documentation within the time period required by law. I have read and understand all of the provisions of this statement and acknowledgement. By signing this application, I hold the Company harmless from any result of the reference check. I hereby authorize and release from liability all former employers, educational institutions, law enforcement agencies or other governmental agencies to provide or release information regarding my employment, education, credit history*, driver's license and motor vehicle records that may be in their possession, to the Company or its agents. I further understand that an offer of employment (and continued employment) is conditioned upon several criteria, including my satisfactorily passing certain laboratory test (including test for substance abuse) which may be required by the Company. (*Please see the disclosure form provided by HR.)

Signature

Date
