



P.O. BOX 262, DAYTON, WA 99328
PHONE (509) 382-4725 FAX (509) 382-4726

CURRENT/RETURNING EMPLOYEE APPLICATION

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Bluewood Business Office.

Name: _____
Last First Middle

Position Applied for: _____

Date of Application: _____ Social Security #: _____

Address: _____
Street City State Zip

Telephone #:(_____) _____ Other Phone #:(_____) _____

Emergency Contact: _____
Name Relationship

Emergency Contact Phone #:(_____) _____

If you are under 18 and it is required, can you provide proof of you eligibility to work? YES NO

If no, please explain: _____

Current employee? YES NO

Date(s) of past Bluewood employment: _____

Are you legally eligible for employment in this country? YES NO

Type of seasonal employment desired: full-time part-time temporary

By signing this application, I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from employment, whenever it is discovered.

By signing this application, I authorize Bluewood to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Bluewood and its representatives from any liability for future references it may provide regarding my work history.

By signing this application, I expressly consent and authorize Bluewood to conduct a criminal background check on me and hereby release all parties and persons connected with such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing or requesting of such information.

Bluewood does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for 90 days. At the conclusion of that time, if I have not heard from Bluewood and still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am hired at the will of Bluewood; free to resign at any time, with or without cause and without prior notice, and Bluewood reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Bluewood, other than the General Manager, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is Bluewood's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act. Bluewood is an equal opportunity employer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I further understand that Bluewood is a Drug Free Workplace. Bluewood may subject applicants to pre-employment substance screening, as well as substance screening if I am employed.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions. I also represent and warrant that I will read and agree to abide by all aspects of the "Bluewood Employee Handbook/Manual" if I am hired.

Signature of Applicant

Date Signed: _____