

**ROCHE HARBOR
VILLAGE**
(P. O. Box 4001)
248 Reuben Memorial Drive
Roche Harbor, WA 98250



Phone: 360-378-2155
800-451-8910
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www.rocheharbor.com

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

ROCHE HARBOR PROMOTES A DRUG FREE WORKPLACE

PERSONAL INFORMATION:

PLEASE PRINT OR TYPE CLEARLY

Date _____

Name _____
Last First Middle Maiden

Mailing address _____
Number Street City State Zip

Permanent address (if different from above) _____
Number Street City State Zip

Phone (_____) _____ Email address _____ Age (if under 18) _____

Position applying for:

First Choice: _____

Second Choice: _____

Days/hours available to work:

No Pref _____ Thur _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

If preference is not available, will you accept any position? Yes ___ No ___ Need company housing? Yes ___ No ___

Salary Expected: _____

How many hours can you work weekly? _____ Can you work: evenings? _____ holidays? _____

Employment desired: FULL-TIME (year round) PART-TIME (less than 30 hrs) FULL- OR PART-TIME

First date you can work: ____/____/____ Last date you can work: ____/____/____

Names of relatives & friends employed at Roche Harbor _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___ (If yes, give details)

Note: A conviction is not an automatic disqualification from employment.

EDUCATIONAL INFORMATION:

Education	Name & Location of Institution	# Yrs Completed	Course of Study	Did you Graduate?	Last Degree Or Diploma
High School				Yes No Attending	
College or University				Yes No Attending	
Other (explain)				Yes No Attending	

Roche Harbor Village	<i>Please list your past WORK EXPERIENCE (starting with most recent)</i>		
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: () _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start \$ Final \$
	Your last job title		
Reason for leaving (be specific)			
What did you enjoy about this job? _____ What did you dislike? _____ Are you eligible for rehire? Yes ____ No ____			
Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: () _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start \$ Final \$
	Your last job title		
Reason for leaving (be specific)			
What did you enjoy about this job? _____ What did you dislike? _____ Are you eligible for rehire? Yes ____ No ____			

I represent the information on this application to be truthful and accurate. I understand that falsification of information provided on this application or on a resume, if one is provided, or during the interview process may result in termination of employment. I authorize Roche Harbor to verify all statements contained on this application and hereby give Roche Harbor permission to contact all schools, previous employers (unless otherwise indicated), courts, bureaus, agencies, and references. I release all parties responding to Roche Harbor's inquiries from any and all liability to me which could result from disclosure of information provided. I further understand that my employment with Roche Harbor is an at-will relationship and may be terminated by either party without cause.

Signature of applicant _____ **Date** _____

Please mail your completed application to:

**Recruiting Manager
 Roche Harbor Village
 P. O. Box 4001
 Roche Harbor, WA 98250**