

# Aurora Rents

<b>Shoreline</b>	17460 Aurora Ave N, Shoreline WA 98133	206.368.7368
<b>Greenlake</b>	8800 Aurora Ave N, Seattle WA 98103	206.729.7368
<b>Lake City</b>	12558 Lake City Way NE, Seattle WA 98125	206.362.7368
	<a href="mailto:jobs@aurorarents.com">jobs@aurorarents.com</a> Fax 206.542.1810	

## APPLICATION FOR EMPLOYMENT

Applying for which location?  Shoreline     Greenlake     Lake City  
 Pass a Drug Screen     Work Weekends     Previous Rental experience

DATE _____			
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State    Zip
How long _____	Social Security No. _____ - _____ - _____		
Telephone _____	If under 18, please list age _____		
Email Address _____			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	Date Entered _____	Discharge Date _____	
Position applied for (1) _____		Days/hours available to work: _____	
and salary desired (2) _____			
Employment desired	<input type="checkbox"/> FULL-TIME ONLY	<input type="checkbox"/> PART-TIME ONLY	<input type="checkbox"/> FULL- OR PART-TIME
When available for work? _____			

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?     No     Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's license number _____	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____	
Have you had any accidents during the past three years?	How many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Phone # _____	Phone # _____
Company _____	Company _____
Address _____	Address _____

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Date Month And Year	Name, Address and Phone Number Of Previous Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statement on this application shall be grounds for dismissal.

I authorize investigation of all statements contained and references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand and agree that, if my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice"

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application form and for your interest in our business.

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in.                      Weight \_\_\_\_\_                      Birth date \_\_\_\_\_  
 Married  Yes  No    If married, how long? \_\_\_\_\_     Single     Separated     Divorced     Widowed  
 Full name of spouse \_\_\_\_\_                      Occupation \_\_\_\_\_  
 Name of company \_\_\_\_\_                      Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_                      Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_                      Relationship \_\_\_\_\_

**LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_                      Job title \_\_\_\_\_                      Dept. \_\_\_\_\_  
 Location \_\_\_\_\_                      Rate of pay \_\_\_\_\_                       Full-time     Part-time     Salaried  
 Applicant's signature acknowledging above information \_\_\_\_\_  
 Drug test confirmation number \_\_\_\_\_  
 Name of person verifying information \_\_\_\_\_  
 Name of person authorizing employment \_\_\_\_\_