



Valmark Inc.  
 P.O.Box 948  
 Friday Harbor, WA  
 98250  
 Phone: (360)378-5228  
 Fax: (360)378-3852

# Application For Employment

Valmark, Inc is an equal opportunity employer

Position You Are Applying For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Date Available for Work: \_\_\_/\_\_\_/\_\_\_\_\_ [ ] Full Time [ ] Part Time [ ] Temporary [ ] Weekends

Do you have any physical, sensory, or mental handicaps that would hinder performance in the job for which you are applying? [ ] Yes [ ] No If yes, please explain:

## Personal Information:

\_\_\_\_\_ Are you over 18yo?  
 Last Name First Name Middle [ ] Yes [ ] No

\_\_\_\_\_ City State Zip  
 Address (mailing)

\_\_\_\_\_ City State Zip  
 Address (physical if different)

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Are you a U.S. Citizen? [ ] Yes [ ] No

If no, give your visa number and expiration: \_\_\_\_\_ EXP: \_\_\_/\_\_\_/\_\_\_\_\_

Email (optional): \_\_\_\_\_

## Education:

School Name	Location	Years Attended	Degree Received

## Employment:

Employer: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_\_\_

Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ to: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Supervisors Name & Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact them? [ ] Yes [ ] No

**Employment:**

Employer: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_\_\_  
 Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ to: \_\_\_/\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position(s) Held: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Supervisors Name & Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact them? [ ] Yes [ ] No

**Employment:**

Employer: \_\_\_\_\_ Dates Employed: \_\_\_/\_\_\_/\_\_\_\_\_  
 Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ to: \_\_\_/\_\_\_/\_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Position(s) Held: \_\_\_\_\_  
 Duties Performed: \_\_\_\_\_  
 Supervisors Name & Title: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 May we contact them? [ ] Yes [ ] No

**References:**

Name:	Title:	Company/Relationship:	Phone:

**Acknowledgement & Authorization:**

[ ] I certify that all answers given above are true & complete to the best of my knowledge.  
 [ ] I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
 [ ] In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**