

Aurora Rents

Shoreline
Greenlake
Lynnwood

17460 Aurora Ave N, Shoreline WA 98133

8800 Aurora Ave N, Seattle WA 98103

19020 Hwy 99, Lynnwood WA 98036

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206.368.7368

206.729.7368

206.362.7368

APPLICATION FOR EMPLOYMENT

Applying for which location? ☐ Shoreline ☐ Greenlake ☐ Lynnwood

☐ 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? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Days/hours available to work: _____

Position applied for (1) _____

and salary desired (2) _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ 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? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ ☐ Operator ☐ Commercial (CDL) ☐ 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 _____