# McFarlane's Bark, Inc.

13345 S.E. Johnson Road 8806 N.E. 117<sup>th</sup> Avenue Wancouver, WA 98662 360-892-6125

### THIS APPLICATION MUST BE FILLED OUT COMPLETELY and SIGNED

- Applications are kept for 6 months -

# Non Driver Application Application for Employment

Where did you hear about this position?		
Position Applying for	Date	
Name	Phone Number ()	
Address		
	How Long at this Address?:	
Previous Address:	How Long at this Address?:	
Social Security Number	Referred by	
Date available to work Hours and	l days of the week you are available	
Are you now employed, on a lay-off and/or su	abject to recall? (Circle One) YES or NO	
Dates From To		
Reason for Leaving Previous Employer		
Positions(s) Held		
Are you physically capable of heavy manual v	work? (Circle One) YES or NO	
Rate of pay expected		
Education and/or training related to the job for specific).	r which you are applying. Equipment able to operate (be very	

**Employment Experience**Most recent first – list last three Employers

Employer	Telephone Number ()	
Address		
City, State, Zip		
Supervisors Name	Length of Employment From:	_ To:
Job duties		
EmployerAddress	Telephone Number ()	
City, State, Zip		
Supervisors Name	Length of Employment From:	To:
Job duties		
EmployerAddress	Telephone Number ()	
City, State, Zip		
Supervisors Name	Length of Employment From:	To:
Job duties		
signature below I also acknowledge that satisfactory return of my pre employme McFarlane's. I understand that it is my rupon receipt of satisfactory results I will pre employment physical. I also understand	on was completed by me and that the information is true and it McFarlane's Bark, Inc. is a drug and alcohol free work place and drug and alcohol screen is a condition of obtaining employ responsibility to pre pay for the pre-employment drug and alcohol be reimbursed the fee. If I am a Truck Driver Applicant I agretand that this Company has a Random Testing Program. I the reformation and release any information regarding my service it's Bark, Inc.	and that a ment with cohol testing. ee to undertake a undersigned
Signed	Date	

## **Inquiry To Past Employer**

To:	From: <i>McFarlane's Bark, Inc</i>	
Previous Employer Company Name	13345 S.E. Johnson Road Milwaukie, OR 97222	
Street Address, City, State, Zip Code	Phone: 503-659-4240 Fax: 503-659-0237	
Person to Contact Fax	Phone	
The person named below has made a	pplication for employment as	
and states that he/she was employed by you	u as from	
(begin date) to (end date).		
	specting this applicant. As stated below, the applicant has	
	ompany for information submitted in response to this	
inquiry.		
Sincerely,		
Name of applicant	Social Security #:	
Is employment record correct as stated above	/e?	
If not, please provide correct begin ar	nd end dates:	
What kinds of work did applicant do?		
If employed as a driver, what equipment wa	as driven?	
Number of accidents	Number preventable	
Was applicant's driver's license ever suspen	nded or revoked?	
Reason for leaving your employment ?		
Is applicant competent for the position seek	ing with our company?	
Would you re-employ? Yes No	_ Explain:	
Other remarks:		
By:	Date:	
Detach he	ere for your files	
FORMER EMP	LOYER LIABILITY RELEASE	
Former Employer Name	Phone	
	mer employer to furnish and release any information regarding my	
4. 4	<b>.</b>	