DOMUM EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of Domum Home Services LLC to provide equal employment opportunities to all

as race, color,

1. Employer Information

Domum Home Services LLC

15414 64th Ave NE

City/State/ZIP: Kenmore, Washington 98028

4252058558

Employer:

Address:

Telephone:

City/State/ZIP:

applicants and employees without regard to any legally protected status sucreligion, gender, national origin, age, disability or veteran status.
2. Applicant Information
Applicant Full Name:
Home Address:
City/State/ZIP:
Number of years at this address:
Home phone:
Mobile phone:
Social Security Number:
Oriver's License (State/Number):
B. Emergency Contact
Who should be contacted if you are involved in an emergency?
Contact Name:
Relationship to you:
Address:

Phone: _____ Email: _____

4. Title:	Job Position Wanted:					
Full/P	Part Time/Seasonal?					
5.	Salary Desired:					
\$	per					
6.	Who/What referred you to our company?					
i.e. Fri	end/Ad/Website:					
Do yo	u have any friends or relatives who work here? If yes, pl	ease list here:				
7.	Have you applied to our company previously? If yes, when?		No			
8.	Are you at least 18 years old?	Yes	No			
9.	How will you get to work?					
10.	Are you willing to work any shift, including evenings and weekends?					
	If no, please state any limitations:	Yes	No			
11.	Are you available to work overtime?	Yes	No			
12.	If you are offered employment, when would you be	available to be	gin work?			
13.	If hired, are you able to submit proof that you are le employment in the United States?	egally eligible f				
14.	Are you able to perform the essential functions of thor without reasonable accommodation?	ne job position Yes	•			
	What reasonable accommodation, if any, would you re-	quest?				

15. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents inexperience, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
[]Customer service		12345
[]Management or Leadership)	12345
[]Skilled trade or Technical		12345
[]Sales & Negotiation		12345
[]Flexibility & Adaptability		12345
[]Teamwork		12345
[]Integrity & Commitment		12345
		12345
		12345

16. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:						
Supervisor Name:						
Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employment (Month/Year):						
Employer Name:						
Supervisor Name:						
Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:						
Dates of Employment (Month/Year):						
17. Applicant's Education and Training						
College/University Name and years attended						
Did you receive a degree? Yes No						
If yes, degree(s) received:						
High School/GED Name and years attended						
Did you receive a degree? Yes No						
Other Training (graduate, technical, vocational):						
Please indicate any current professional licenses or certifications that you hold:						
Awards, Honors, Special Achievements:						

Military Service: Yes No	
Dranah:	
18. References	
List any two non-relative	s who would be willing to provide a reference for you.
Name:	
Addraga:	
TD 1 1	
Relationship:	
Name:	
Address:	
City/State/ZIP:	
Relationship:	
-	ny other information that you believe should be considered, are bound by any agreement with any current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Domum Home Services LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Domum Home Services LLC, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABO AGREE TO ITS TERMS.	OVE CERTIFICATION AND I U	JNDERSTAND AND
AUREE TO ITS TERMS.		
APPLICANT SIGNATURE	DATE	