



10 S. Grant St.
Spokane, WA 99202
(509) 443-0252
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APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Position Applied for: _____

How did you hear about this position? _____

Have you been employed here before? YES NO

If yes, give dates and supervisors: _____

Date available for work ____/____/____ What is your desired salary range? \$_____

Type of employment desired: ____Full-Time ____Part-Time ____Temporary ____Seasonal

Driver's license number if driving may be required for the position for which you are applying.

Driver's License #: _____ State _____

EDUCATION

High School: _____

Address: _____

Did you graduate? YES NO

Diploma: _____

College: _____

Address: _____

Did you graduate? YES NO

Diploma: _____

Other: _____

Address: _____

Did you graduate? YES NO

Diploma/Certificate: _____

References

Full Name: _____

Relationship: _____ Company: _____

Address: _____ Phone: _____

Full Name: _____

Relationship: _____ Company: _____

Address: _____ Phone: _____

Full Name: _____

Relationship: _____ Company: _____

Address: _____ Phone: _____

Previous Employment

Company: _____ Job Title: _____

Address: _____ Phone: _____

Starting Wage: _____ Start Date: ____/____/____ End Date: ____/____/____

Company: _____ Job Title: _____

Address: _____ Phone: _____

Starting Wage: _____ Start Date: ____/____/____ End Date: ____/____/____