APPLICATION FOR EMPLOYMENT

This generic application is provided by WorkSource Washington. This form complies with federal and state laws against discrimination; however, employers using this form should check local ordinances. WorkSource Washington and Washington State Employment Security are not responsible for the misuse of information provided on this form. Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION										
Name (Last) Weis		(First) Silas				(Midd	(Middle Initial) K		Home Telephone () -	
Address (Mailing Address) 65908 E SOLAR Pr NE		(City) (Benton City		(State) WA		(Zip) 99320		ner Telephone 09) 551 - 0288		
E-Mail Address silasweis@gmail.com			Are y	ou legally er	legally entitled to work in the U.S.? Xes			es 🗌 No		
POSITION										
Position Or Type Of Employment Desired Film producer					\boxtimes	Accept: Part-Time	i ft: Day Swing			
Are you able to perform the essential functions of the job you are applying for, with one without reasonable accommodation? ☑ Yes ☐ No					r 🔲	☐ Temporary ☐ Graveyard ☐ Rotating				
Salary Desired open						ate Available SAP				
EDUCATION AND TRAINING										
High School Graduate Or General Edu If no, list the highest grade completed		Passed1	? 🗌 \	∕es ⊠ No						
College, Business School, Mi	litary (Most rec	ent firs	t)							
	Dates	Credits Earned								
Name and Location	Attended Month/Year	Quarter Semes Hour	ster	Other (Specify)	_	Graduate Degree & Ye				
Tri-Tech Skills Center	From 9/2016					Yes			Digital arts and	
Kennewick WA	To 6/2018					No			Filmmaking	
	From					Yes				
	То					No			-	
	From					Yes				
	То					No				
	From					Yes				
	То					No				
Occupational License, Certificate or Reg Food handlers	gistration				Where Issued Online				Expiration Date 03/12/18	
Occupational License, Certificate or Reg	jistration	Number		Whe	Where Issued Exp		Expiration Date			
ccupational License, Certificate or Registration		Number When		ere Issue	Issued			Expiration Date		
Languages Read, Written or Spoken Flu	ently Other Than En	glish								
VETERAN INFORMATION (Mo	st recent)									
Branch of Service			Date	Date of Entry		Date of	Date of Discharge			
SPECIAL SKILLS (List all pertin	ent skills and equ	ipment 1	that yo	ou can oper	ate)		I			
(Maximum 300 characters) Graphics D	esign, Adobe cre	ative su	ite, A	dobe Premi	ere Pro),				



WORK EXPERIENCE (Most Recent First) (Include vo	untary work and military e	xperience)						
Employer	Telephone Number () -	From (Month/Year)					
Address	1							
Job Title	Number Employees Sup	To (Month/Year)						
Specific Duties (Maximum 350 characters)								
			Hours Per Week					
			Last Salary					
			Supervisor					
Reason For Leaving		May We Contact This E	lay We Contact This Employer? ☐ Yes ☐ No					
Employer	Telephone Number () -	From (Month/Year)					
Address								
Job Title	Number Employees Sup	To (Month/Year)						
Specific Duties (Maximum 350 characters)								
			Hours Per Week					
	Last Salary							
		Supervisor						
Reason For Leaving		May We Contact This E	mployer? 🗌 Yes 🗌 No					
Employer	Telephone Number () -	From (Month/Year)					
Address								
Job Title	Number Employees Sup	ervised	To (Month/Year)					
Specific Duties (Maximum 350 characters)								
			Hours Per Week					
			Last Salary					
			Supervisor					
Reason For Leaving		May We Contact This E	mployer? Yes No					
Employer	Telephone Number () -	From (Month/Year)					
Address	<u> </u>	,						
Job Title	Number Employees Sup	Number Employees Supervised						
Specific Duties (Maximum 350 characters)								
			Hours Per Week					
			Last Salary					
			Supervisor					
Reason For Leaving		May We Contact This E	mployer? Yes No					
		•						
I certify the information contained in this application is t			if employed, false					
statements reported on this application may be conside	red sufficient cause for	dismissal.						
Signature of Applicant		n	ate					
3								
Interviewer's Comments:								