



EWANID SERVICE CENTERS

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Spokane Valley, WA 99037
Tel: (509) 389 4804
Fax: (509) 892 9127
Email: help@ewanid.com
Web: www.ewanid.com

ASSOCIATE APPLICATION

It is the policy of EWANID Service Centers to provide equal opportunities to all associates without prejudice to the applicant's status such as race, color, religion, gender, national origin, age, disability or military veteran.

Name: _____

Address: _____

City/State/Zip: _____

Daytime phone: _____

Evening phone: _____

Referral Source: Who referred you to our company?

Have you applied to our company previously? _____ Yes _____ No

If yes, when? _____

Are you at least 18 years old? _____ Yes _____ No

Driver's License Number: _____

What state issued your license? _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Have you ever been convicted of any crime, including traffic violations?

_____ Yes _____ No If yes, please describe:

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

List your current or most recent employment:

Employer Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving (where applicable): _____

Dates of Employment (Month/Year): _____

Education and Training: List your education and training.

High School Name, City, State

Diploma? _____ Yes _____ No

College Name, City, State

Did you receive a degree? _____ Yes _____ No If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

Applicant's Skills: Check those skills that you have. List any other skills that may be useful for this type of work. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (1 represents poor ability, while 5 represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
<input type="checkbox"/> Digital Photography	_____	1 2 3 4 5
<input type="checkbox"/> Customer Service/Retail	_____	1 2 3 4 5
<input type="checkbox"/> Internet	_____	1 2 3 4 5
<input type="checkbox"/> Report Writing	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

Please provide any other information that you believe should be considered as relevant:

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 associate status commences, immediate termination.

I authorize EWANID Service Centers to contact my current/former employer 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.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

ASSOCIATE APPLICANT SIGNATURE

DATE

Please SIGN and DATE the application and return to us:

Scan and email to Stephen@ewanid.com

Fax to (509) 892 9127