



WSU Prosser Irrigated Agriculture Research & Extension Center

WASHINGTON STATE UNIVERSITY

Temporary Hourly Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Wage: \$ _____ Position Applied for: _____

Can you provide proof, if hired, that you are eligible to work in the United States	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid U.S. driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a pesticide applicator's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever worked for WSU?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you have any availability restrictions? (i.e. can only work after 3pm, no weekends, etc.) _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Name/Company: _____ Phone: _____

Name/Company: _____ Phone: _____

Name/Company: _____ Phone: _____



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Previous Employment

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

WSU employs only U.S. citizens and lawfully authorized non-U.S. citizens. All new employees must show employment eligibility verification as required by the U.S. Immigration and Naturalization Service. Accommodations for applicants who qualify under the Americans with Disabilities Act are available upon request.

Certificate of Applicant: *I hereby certify that all statements made in this application are true and I understand and agree that any false statements on this form shall be considered sufficient cause for rejection of my application or dismissal if I am employed in a temporary position.*

Signature: _____ Date: _____