

Application for Employment
WATSON'S HARVERENE RESORT, INC.
7750 S. LAKESHORE RD. #2
CHELAN, WA. 98816
(509) 687-3720

EMPLOYEE PAYROLL INFORMATION

NAME _____
ADDRESS _____
CITY, STATE _____ ZIP _____
TELEPHONE () _____

NEAREST RELATIVES _____
ADDRESS _____
TELEPHONE () _____

PAY PER HOUR \$ _____ 2nd. RATE \$ _____
SOCIAL SECURITY# _____
TOTAL NUMBER OF DEDUCTIONS _____

STARTING DATE _____
RELEASE DATE _____

___ MARRIED OR ___ SINGLE ___ Married, but withhold at higher single rate

DATE OF BIRTH _____

EMPLOYEES SIGNATURE _____ DATE _____

EMPLOYERS SIGNATURE _____ DATE _____