



Fax to: 253-851-9379

An Equal Opportunity Employer

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Position applied for _____ (one per application) 2. Agency _____

3. Social Security No. _____ *(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)*

4. Full legal name _____ Last First Middle 6. Home Phone () _____

5. Address _____ City State Zip 7. Business Phone () _____

8. E-mail Address _____

9. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes _____ No _____ Date Received _____

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. EXPERIENCE *Use Supplementary Experience Form(s) for additional space.* Starting with the most recent, describe **ALL** paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes _____ No _____

a. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment/software used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____ Duties: _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment/software used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

d. License (to include drivers), certificate or other authorization to practice a trade or profession.
Type License Number Expiration Date Granted by (licensing board)

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:
Name Address Phone Relationship

12. MISCELLANEOUS

a. Check which shift you will accept: ___ Day ___ Evening ___ Night ___ Rotating ___ Weekends Specify shift hours _____

b. Check which job status you would accept: ___ Full-time ___ Part-time (specify) _____

c. Are you willing to accept employment which requires you to travel? ___ No ___ Yes. If yes, ___ During the day only, ___ Occasionally overnight, ___ Frequently overnight.

d. List the geographic locations in which you are willing to work. If anywhere in Washington, write all _____

e. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

f. Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No.

g. Have you ever been convicted for any violation(s) of law, including moving traffic violations? ___ YES ___ NO. If YES, please provide the following:
Description of offense: _____
Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____
County, City and State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Washington juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
___ Month ___ Day ___ Year.

14. VERIFICATION: *Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the State of Washington. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

15. If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company Drug and Alcohol Policy.

How did you find out about this employment opportunity?

- ___ Newspaper*
- ___ Radio/TV*
- ___ Washington Work Source
- ___ Other (please specify)

*specify name of newspaper or other media

Date _____ Applicant Signature _____