



# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Last

We consider applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other protected status.

## INSTRUCTIONS

- PLEASE TYPE OR PRINT CLEARLY.** Answer each question completely. A resume may be attached for information, but should not take the place of the completed application form. Notify the hiring department office immediately of any changes in your telephone number or address.
- Applications will be screened and interviews set up by the hiring department. Persons selected for interviews will be called or otherwise notified within three (3) weeks following the closing date on the job announcement. Those who do not receive notification within this time period must assume they were not selected for an interview. No formal notification will be sent to unsuccessful applicants.

First

## PERSONAL INFORMATION

Name (Last Name First)			
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Phone 2	

Middle

## DESIRED EMPLOYMENT

Position			Date you can start
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name	Contact Number
Ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?	
Previous CAC Position	Reason for leaving:	Name of last supervisor at CAC	
Who referred you to CAC? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other			
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Proof of citizenship or immigration status will be required upon employment)</i>			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <i>(check all that apply)</i>	Are you currently on "lay-off" status subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current Washington State Drivers License and the required auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License Number
Please provide a brief statement why you consider yourself to be a viable candidate for this position.			

## EDUCATION

Have you graduated from high school?  Yes  No or Have you passed the GED?  Yes  No

List college, business school, military training and other relevant education:

School Level	Name and Location of School	Years Attended	Type of Degree Awarded	Major
College		From: ___/___/___ To: ___/___/___		
Additional College		From: ___/___/___ To: ___/___/___		
Trade, Business or Correspondence School		From: ___/___/___ To: ___/___/___		
Other		From: ___/___/___ To: ___/___/___		

## GENERAL

Subjects of special study, research work or Internships:

Special training / licenses / permits / skills / apprenticeships:

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

State any additional information you feel may be helpful to us in considering your application.

Have you ever had any job-related training in the United States military?  Yes  No *If YES, please describe:*

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No *If YES, Please explain:*

Indicate any languages that you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

## FORMER EMPLOYERS

List below the last three employers beginning with the most recent

Name of Present or Last Employer			
Address		City	State   Zip
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name	Title	Phone
Description of work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State   Zip
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name	Title	Phone
Description of work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State   Zip
Starting Date	Leaving Date	Job Title	
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name	Title	Phone
Description of work			
Reason for Leaving			

<b>Please explain any lengthy gaps in employment history:</b>

**REFERENCES**

Below, give the names and contact information of three persons you are not related to whom have known you for at least one year.

	Name	Address	Business No.	Years Acquainted
1				
2				
3				

**U S MILITARY SERVICE RECORD**

Branch of Service	Discharge Date	Rank
Any pertinent information you would care to provide?		

**APPLICANT'S STATEMENT AND AUTHORIZATION**

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire.

I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize all entities and individuals identified or discovered during the company's hiring process to provide information regarding my employment, education, character and qualifications.

I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company.

I understand that if I am employed, I must conform to the company's rules, policies and procedures. I also understand that my employment is "at will," which means that the company or I may terminate my employment at any time for any reason.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:			
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment	Job Title	Hourly Rate / Salary	Interviewer _____ Department _____
By _____				
Name		Title		Date

<b>MAIL ALL APPLICATIONS TO:</b>	Community Action Council	Phone: (360) 438-1100
	3020 Willamette Drive NE	FAX: (360) 491-7729
	Lacey, WA 98516	

**EMPLOYMENT DATA RECORD**

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: Inclusion or exclusion of any data will not affect any employment decision. Your cooperation will be appreciated.

**SURVEY**

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **Submission of this information is voluntary.**

FOR POST HIRE USE ONLY

Name		
Address		
City	State	Zip

**Complete Only The Sections Below That Have Been Checked**

Current Job		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: ____/____/____
Check One of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian / Pacific Islander
Check if Any of the Following Are Applicable:		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual

Do not write on this page  
For interviewer's use only

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Interviewed By	Date
Comments	

Hire Date for Dept.	For Position	
Salary / Wages	Hire date	
If other than Fulltime, indicate number of hours per week		
Approved 1	Program Director and/or Program Manager	Date
Approved 2	Chief Executive Officer	Date