



8225 44th Ave West
 Suite O
 Mukilteo, WA 98275

Application for Employment
 Please Print Your Information

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____
 Name _____ Telephone Number (____)_____
 Address _____

STREET CITY STATE ZIP

Date available for work..... ____/____/____

Type of employment desired Full Time Part Time Temporary

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Do you consent to a criminal background check? Yes No

Have you ever been convicted of a crime?..... Yes No

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license number if driving is an essential job function _____ State _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying. _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

Business References (please DO NOT list personal friends or relatives)

NAME	TELEPHONE	RELATIONSHIP TO THIS PERSON?
	()	
	()	
	()	

Please explain why you want to work in the position you are applying for. _____

How were you referred to us? _____

Employment History

Provide the following information for the **past ten (10) years of employment or volunteer activities.** Attach additional page if more space is required.

From: Mo Yr	To: Mo Yr	Employer	Your Job Title	Telephone ()
Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
From: Mo Yr	To: Mo Yr	Employer	Your Job Title	Telephone ()
Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
From: Mo Yr	To: Mo Yr	Employer	Your Job Title	Telephone ()
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Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I authorize the employer to conduct a criminal history background check. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. This application is current for only 60 days at the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law or except as specified otherwise under an applicable collective bargaining agreement. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide a proof of identity and legal work authorization. I represent and agree that I have read and fully understand the above information and seek employment under these conditions.

APPLICANT'S SIGNATURE _____ DATE _____

Equal Employment Opportunity Form

BASIC APPLICATION INFORMATION

Name: _____ Date _____
(Please Print)

Equal Employment Opportunity Information (Voluntary)

Note: We request that you voluntarily provide the following information for Equal Employment Opportunity purposes. This form will be kept separate from the balance of your application materials, and will not be used in a discriminatory manner.

Senior Services of Snohomish County is committed to Equal Employment Opportunities for women, members of ethnic minority groups, and disabled persons. To implement the policy more successfully, Senior Services requests that you voluntarily provide the following information:

Ethnic Origin:

- | | |
|--|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders |
| <input type="checkbox"/> Native American or Alaska Native Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Two or More Races | |

Gender:

- Male Female

Date of Birth: _____

Do you have a disability as defined by Federal or State law? Yes No

How were you referred to Senior Services?

- | | |
|---|--|
| <input type="checkbox"/> Senior Services' Job Line | <input type="checkbox"/> Seattle Times |
| <input type="checkbox"/> Senior Services' Website | <input type="checkbox"/> Everett Herald |
| <input type="checkbox"/> WorkSource | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Friend | <input type="checkbox"/> NW Classifieds |
| <input type="checkbox"/> Senior Services Employee: (name) _____ | |
| <input type="checkbox"/> Other: _____ | |