



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 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
Criminal History	Have you ever been convicted, pled guilty or no contest or forfeited bond or collateral on a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all crimes and attach an explanation. (Do not include convictions for which the record has been sealed, expunged or eradicated.). A criminal history will not necessarily bar you from employment. We will consider the nature of the crime, nature of the job, length of time since the crime, and evidence of rehabilitation.		

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	
Starting Wages/Salary	Ending Wages/Salary	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	
Starting Wages/Salary	Ending Wages/Salary	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	
Starting Wages/Salary	Ending Wages/Salary	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name	Title	Phone
Description of work					
Reason for Leaving					

<p>Please explain any lengthy gaps in employment history:</p>
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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	Department
By _____				
Name		Title	Date	

MAIL ALL APPLICATIONS TO:	Community Action Council	Phone: (360) 438-1100
	3020 Willamette Drive NE	FAX: (360) 491-7729
	Lacey, WA 98516	
Or E-MAIL TO:	info@caclmt.org	