

**Workforce**  
Snohomish



# WORKFORCE SNOHOMISH

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

*INSTRUCTIONS: Type or print in ink. Fill in all blanks, but do not write in shaded areas. Sign and date form.*

FIRST NAME	MI	LAST NAME				
HOME ADDRESS/ P.O. BOX		STREET / APT NO.				
CITY	STATE	ZIP CODE	TELEPHONE			
POSITION(S) APPLYING FOR <i>(check one)</i> :		DATE AVAILABLE	SALARY EXPECTED			
FULL TIME PART TIME TEMPORARY						
HAVE YOU EVER BEEN EMPLOYED BY WORKFORCE SNOHOMISH BEFORE?		WHEN?				
YES      NO						
WHO REFERRED YOU TO WORKFORCE SNOHOMISH FOR EMPLOYMENT? PLEASE LIST THE NAMES OF WORKFORCE SNOHOMISH EMPLOYEES WITH WHOM YOU ARE AQUAINTED (INDICATE IF RELATIVES)						
NAME			RELATIONSHIP			
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		<i>Note: If hired, you are required by law to submit proof of identity and eligibility to work in the U.S.</i>				
YES      NO						
<b>EDUCATION</b>						
	NAME OF INSTITUTION	LOCATION	DATES ATTENDED Mo/Yr - Mo/Yr	DID YOU GRADUATE? Yes or No	DEGREE	MAJOR
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

SCHOLARSHIPS, HONORS, OR PUBLICATIONS:						
IF PROFICIENT IN LANGUAGES OTHER THAN ENGLISH, LIST LANGUAGES AND PROFICIENCY CODE		PROFICIENCY CODES 1. Could interpret 2. Could read material and summarize 3. Could perform both above skills 4. Have formal training but not proficient for above	PROFESSIONAL LICENSES OR CERTIFICATES YOU HAVE EARNED	DATE EARNED		
LANGUAGE	CODE					

BEGIN WITH THE MOST RECENT EMPLOYMENT AND LIST ALL JOBS HELD WITHIN THE LAST 10 YEARS AND ANY RELEVANT WORK EXPERIENCE BEYOND 10 YEARS. NOTE ALL JOB GAPS IN EXCESS OF SIX MONTHS.				
Mo/Yr - Mo/Yr	EMPLOYER (FULL NAME AND ADDRESS, SUPERVISOR'S NAME AND PHONE NUMBER)	JOB TITLE	MONTHLY EARNINGS	REASON FOR LEAVING

NOTE JOB GAPS IN EXCESS OF SIX MONTHS:

MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES        NO

WHY DO YOU FEEL YOU ARE QUALIFIED FOR THE POSITION FOR WHICH YOU ARE APPLYING?

MILITARY SERVICE		
BRANCH OF U.S. SERVICE	DATE ENTERED	DATE DISCHARGED
HIGHEST RANK HELD	ARE YOU A MEMBER OF THE RESERVE? YES        NO	
NATURE OF DUTIES AND SPECIAL TRAINING RECEIVED:		

BUSINESS REFERENCES			
LENGTH OF ACQUAINTANCE	NAME	PHONE NO.	JOB TITLE OR PROFESSION

**HAVE YOU BEEN CONVICTED OF A FELONY?**

A conviction will not necessarily exclude an applicant from consideration for employment. Please answer completely and correctly.        YES        NO        If YES, provide details

**APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE RECORDS**

I certify that all statements made by me on this application and in any other form, oral or written, are true, complete and correct. I understand that any false, incomplete, inaccurate or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

Permission is granted to Workforce Snohomish, its representatives, employees and/or agents to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Organization from all liability for any damage that may result from utilization of such information.

I understand that employment at Workforce Snohomish is at will, that this application and any other Organization documents are not contracts for employment, and anyone who is hired may voluntarily leave employment, and may be terminated by the Organization at any time and for any or no reason. I understand that any oral or written statements to the contrary are expressly disavowed.

I have read, understand, and by signature below consent to these statements.

APPLICANT'S SIGNATURE

DATE

**Thank you for your interest in Workforce Snohomish**

In compliance with the Civil Rights Act of 1964 and 1991, the Age Discrimination in Employment Act of 1967, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other relevant federal and state laws, the policy of this Organization prohibits discrimination in employment because of race, color religion, national origin, sex, sexual preference, age or disability. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job related disability.

Workforce Snohomish is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons of disability. WA Relay 711

**Workforce Snohomish**

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