



EMPLOYMENT APPLICATION

◆ **Unsigned or incomplete applications will not be processed.** ◆
You may attach a resume and supporting documents.

<p><u>GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION</u></p> <ol style="list-style-type: none"> 1. Complete all information within this application in its entirety. 2. Type or print in ink. 3. Sign your name in the verification and signature section (electronic signatures accepted). 4. All information you submit is subject to verification. 	<p>Position Applied for _____</p> <p style="text-align: right;">Date of Application _____</p>
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<p>EQUAL EMPLOYMENT OPPORTUNITY</p>
<p>It is our policy to seek and employ the best qualified personnel and individuals that best match the positions, to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.</p>
<p>IMPORTANT</p>
<p>Applicants with disabilities may request any reasonable accommodation necessary to complete this application, or to take any test required for the position for which the applicant has applied, by making a request at the time of application.</p>

Last Name	First Name	Middle Name
Mailing Address	City	State Zip Code
Telephone Number	Alternate Contact Number (specify)	Email Address

Are you 18 years of age or older?	[] Yes [] No
Have you ever worked for us before? If so, provide department(s): _____	[] Yes [] No
Do you have any friends or relatives working for this agency?	[] Yes [] No
If you are hired, are you prepared to present evidence within three days of beginning work showing you are legally authorized to work in the United States?	[] Yes [] No
Can you travel if the job duties require it or for required training purposes?	[] Yes [] No

<p>Check all shifts and days you <u>can</u> work: (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.)</p> <p>[] Full Time [] Part-time [] Rotating days off [] Days [] Swing [] Graveyard [] Rotating shifts</p> <p>[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday</p>
<p>Date you are available for work: _____ Expected Pay Rate: _____</p>

EDUCATION List any education, training and/or specialized experience (such as trade, vocational or technical school) you feel would help you perform the work and responsibilities of the position for which you are applying.

	Name of the Institution	Location (city & state)	Course of Study	Years Completed	Diploma or Degree Yes / No or # of credits
High School or Equivalent					
Undergraduate College or University					
Graduate School					
Trade or Vocational School					
Trade or Vocational School					
Education in the Military					

Describe any other specialized training, education, apprenticeship, license, certifications, or extra-curricular activities you believe are relevant or would help you perform the duties of the position you are applying for. Indicate where you acquired them or the issuing authority for licenses.

Military Work History

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? Yes No If yes,

Branch & Division: _____ Years of Service: _____

Job Class or Specialty: _____

Employment History

Starting with your present or most recent employer please list your experience. If more space is needed, continue in a separate sheet. You may attach a resume, **but please note this portion of the application must be completed in full.**

Last or present company		Type of Business	Title of position held	Current Salary
Street address		Phone #	Position was: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
<i>May we contact your current employer? [] Yes [] No</i>				
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Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
<hr/>				
Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				
<hr/>				
Company		Type of Business	Title of position held	Last Salary
Street address		Phone #	Position was: <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-time	
City	State	Zip Code	Brief description of job duties	
Supervisor's Name & Title				
Dates Employed (mo./yr.) From:		To:		
Reason for leaving or seeking other employment				

Criminal Record: (A criminal record is not an automatic bar to employment. *Do not list any arrest, charge or detention that did not result in conviction or any arrest, detention or conviction that has been judicially expunged, sealed, impounded or eradicated.*)
Have you been **CONVICTED**, pled **GUILTY** or **NO CONTEST**, or **FORFEITED BOND OR BAIL** for any crime in the last 10 years? Yes No If yes, please explain:

List any other skill or qualification that you believe is relevant to the position you are applying for.

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters that the agency deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation.
2. I certify that all of the information given in this application and in any attachments, supporting documents or interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to pre- or post- employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the agency's expense. I authorize release of the results to the agency and their use to evaluate my suitability for employment. I also release the agency from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a collective bargaining agreement or a written employment contract. I also understand that only the agency director has the authority to agree to any other terms and/or enter into such agreements or contracts, and that all such agreements (collective bargaining agreements or agreements for other terms of employment) or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in a collective bargaining agreement or a written employment contract, the agency may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.
5. This application will only be considered for this position and this job-opening announcement, unless otherwise notified by the agency.
6. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Signature _____ **Date** _____

Unsigned or incomplete applications will not be processed(electronic signature accepted).

Voluntary Self-Identification Form

The Southwest Washington Agency on Aging and Disability is an Equal Opportunity Employer.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are an agency that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information below. Thank you for your cooperation.

Position Applied For:

Date:

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Other:</p> <input type="checkbox"/> Individual with Disabilities </div>

How did you hear of our opening? Advertisement (specify): _____

Our website: Other website: Employee referral: Other (specify): _____

I do not wish to Self-Identify: