

Skagit County Community Action Agency



"Helping People, Changing Lives"

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR		DATE OF APPLICATION	
FIRST NAME	INITIAL	LAST NAME	
STREET ADDRESS		CITY	STATE & ZIP CODE
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	
E-MAIL			

Best time to contact you at above telephone number(s): _____

How did you learn about this position?

- Employment Agency Newspaper: _____ Internet Site: _____
 Friend/Relative Other: _____

Have you been employed by Skagit County Community Action Agency before?

- Yes No If yes, approximate dates: _____

Are you known to schools/other organizations by a different name?

- Yes No If yes, other name: _____

Are you at least 18 years of age? Yes No

Check those that you are able to work: Full-Time Part-Time Evenings Weekends

Are you currently employed? Yes No Date available for work: ____/____/____

Have you ever been terminated from a job or asked to resign from a job? Yes No

If yes, please explain: _____

Do you have relatives employed by Skagit County Community Action Agency, or serving on its Board of Directors? (a yes answer will not necessarily exclude an applicant, but will be used to prevent placement which may create conflict of interest.)

- Yes No If yes, list name(s) and relationship: _____

Do you possess a valid Washington State driver's license? Yes No

Have you ever been convicted of, or pled no contest to, any criminal offense? Yes No
If yes, explain each conviction on a separate sheet of paper. Include nature of offense, date, court, and disposition.

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the position for which you are applying?

- Yes No If yes, please explain: _____

SKAGIT COUNTY COMMUNITY ACTION AGENCY IS AN EQUAL OPPORTUNITY EMPLOYER

330 Pacific Place - Mount Vernon, WA 98273 - 360.416.7585 - Fax 360.416.7599 - www.skagitcap.org



Please fill out completely. Please explain fully any gaps in employment on the last page. Attach additional pages if necessary.

EMPLOYMENT HISTORY			
EMPLOYED BY		SUPERVISOR	
ADDRESS	CITY / STATE / ZIP		PHONE ()
JOB TITLE		JOB DUTIES	
DATE OF HIRE	DATE OF SEPARATION		
STARTING PAY	ENDING PAY	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYED BY		SUPERVISOR	
ADDRESS	CITY / STATE / ZIP		PHONE ()
JOB TITLE		JOB DUTIES	
DATE OF HIRE	DATE OF SEPARATION		
STARTING PAY	ENDING PAY	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYED BY		SUPERVISOR	
ADDRESS	CITY / STATE / ZIP		PHONE ()
JOB TITLE		JOB DUTIES	
DATE OF HIRE	DATE OF SEPARATION		
STARTING PAY	ENDING PAY	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYED BY		SUPERVISOR	
ADDRESS	CITY / STATE / ZIP		PHONE ()
JOB TITLE		JOB DUTIES	
DATE OF HIRE	DATE OF SEPARATION		
STARTING PAY	ENDING PAY	REASON FOR LEAVING	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

EDUCATION

HIGH SCHOOL	LOCATION	<input type="checkbox"/> Graduated <input type="checkbox"/> GED
COLLEGE/UNIVERSITY	DATES	DEGREE(S)

List any specialized training, apprenticeship, skills (office equipment, software programs, etc.), and extra-curricular activities:

List any licenses or certifications you hold which are necessary or useful in this position. List kind of license/certification, issuing state, expiration date:

List any professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Please state any additional information you feel may be helpful to us in considering your application:

WORK-RELATED REFERENCES

List 3 work-related references who may be contacted – preferably recent employers:

<i>NAME</i>	<i>TITLE</i>	<i>BUSINESS</i>	<i>TELEPHONE NUMBER</i>

U.S. MILITARY SERVICE

BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	APPLICABLE TRAINING

UNEMPLOYMENT

List periods of unemployment of 30 days or more. Please explain.

AUTHORIZATION & CERTIFICATION

- I certify that the information given by me to Skagit County Community Action Agency is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information or omitted information during the application process may result in immediate dismissal.
- I authorize Skagit County Community Action Agency to solicit information regarding my education and previous employment, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Skagit County Community Action Agency from any liability for future references it may provide regarding my work history with Skagit County Community Action Agency.
- I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Skagit County Community Action Agency's interest or those of its clients, nor will I become engaged in such activity or business if employed.
- I understand and acknowledge that any employment relationship with Skagit County Community Action Agency is of an **at-will** nature. This means that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Skagit County Community Action Agency or myself. I understand that no representative of Skagit County Community Action Agency, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- Pursuant to RCW 43.43, all applicants and new or current employees who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons or vulnerable adults, shall be required to undergo a criminal background check. Individuals who have resided in Washington State for less than three years must be fingerprinted as part of this process. Employees required to undergo a background check are employed on a conditional basis pending the results of these investigations.
- If employed, I further agree that if Skagit County Community Action Agency advances me any money during the course of my employment, or if I lose, damage, or fail to return any Skagit County Community Action Agency property, Skagit County Community Action Agency is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

APPLICANT'S SIGNATURE

DATE

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Please Note:

- An application packet for employment with Skagit County Community Action Agency consists of this application form, a cover letter, and resume. Application packets that are missing any of these components will not be considered.
- Separate application packets must be submitted for each position applied for. We are unable to retrieve previously submitted application packets, or to make copies of applications for those applying for multiple positions.

Submit application packets to:

Skagit County Community Action Agency
330 Pacific Place
Mount Vernon, WA 98273

Thank You