



building community... building futures!

PO Box 1067 • 424 South 2nd Ave.
Okanogan WA 98840
voice 509.422.4041 • fax 509.826.7339
Toll free 877.641.0101 • TDD 800.833.6388

APPLICATION FOR EMPLOYMENT

Date of Application ____/____/____

Name _____
Last First Middle

Address _____ Mailing Social Security # ____ - ____ - ____

City State Zip Telephone (____) _____

Have you applied to this agency before? Yes No If yes, approximate date: Mo ____ Year ____

How were you referred to us? _____

Are you legally eligible for employment in this country? Yes No
(Proof of identity and legal authority to work in the U.S. is a condition of employment).

Can you travel if a job requires it? Yes No

Do you have a valid Washington State Driver's License? Yes No

Have you been convicted of a felony within the last 7 years? Yes No (A conviction will not necessarily disqualify applicant from employment). If yes, please explain _____

Type of Employment Desired? Full-time Part-time Temporary

Salary Expected \$ _____ Date Available for Work ____/____/____

POSITION DESIRED _____

SPECIALIZED TRAINING OR SKILLS _____
Computer Experience, Office Machines, _____
Typing/WPM, etc. _____

SCHOOLS	NAME & ADDRESS OF SCHOOL OR COLLEGE	DATES		MAJOR STUDIES	GRADUATION	
		From	To		Degree	Date
High School						
College, Trade, or Business Schools	1					
	2					
	3					

Veteran of the U.S. Military Service? Yes No If yes, Branch & Rank _____

Type of Duty _____

What specialized training did you receive? _____

Activities: List school, civic, volunteer or business activities and office held (you may exclude those which indicate race, color, religion, sex, disability, age or national origin). _____

Please list any languages with which you are familiar, and check all boxes which best describes your skill level.

LANGUAGE	Read	Write	Speak
1			
2			
3			

REFERENCES In the last column, please check whether person listed is a business or personal reference. By placing references here, you give OCCAC permission to call these people for a reference check.

Name	City & Phone	Occupation	Years Known	Type of Reference
1				<input type="checkbox"/> Business <input type="checkbox"/> Personal
2				<input type="checkbox"/> Business <input type="checkbox"/> Personal
3				<input type="checkbox"/> Business <input type="checkbox"/> Personal

Give names of any relatives and/or acquaintances in the employ of this agency:

Name	Occupation	Relationship
1		
2		

EMPLOYMENT EXPERIENCE Give past employment record as completely as possible starting with your most recent employer. For any unemployed or self-employed periods, show dates and locations. A detailed resume may be submitted **in addition** to the information contained on this page. **Former employers may be contacted.**

Employer	Dates Employed		Phone ()
Address	From	To	Work Performed
Job Title	Hourly Rate/ Salary		
Supervisor	Starting \$	Final \$	
Reason for Leaving			

Employer	Dates Employed		Phone ()
Address	From	To	Work Performed
Job Title	Hourly Rate/ Salary		
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Supervisor	Starting \$	Final \$	
Reason for Leaving			

- Attach additional page(s) if necessary -

APPLICANT DRIVING RECORD

OCCAC employees are required to maintain an acceptable driving record, have a valid Washington State Driver's License and valid Washington Insurance coverage.

The following information will be used for the purpose of conducting a Motor Vehicle Record check. Serious moving violations within the previous three (3) years (which resulted in a conviction/guilty plea) may prevent an applicant's hiring by OCCAC.

NAME _____

WA State Driver's License # _____

Other State License # _____

Have you had any serious moving violations in the past three (3) years? Yes No If yes, please explain, giving date(s). _____

I, _____, hereby give my permission to:

- have a Motor Vehicle Record check performed by OCCAC as a condition for employment.
- have a Criminal Background check performed by OCCAC as a condition for employment.
- ask any and all schools and employers I have indicated in this employment application, in any manner they choose, for information, whether good or bad. I therefore release all parties or persons connected with any request for information from claims, liability and damages for whatever reasons arising out of furnishing this information.

I hereby certify that the facts set forth in this application for employment are true, correct and complete to the best of my knowledge. I understand that if I am employed, falsified statements or omission of fact on this application shall be considered sufficient cause for dismissal. I understand that my employment is contingent upon proof of identity, verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986, an acceptable Motor Vehicle Record check, and an acceptable Criminal Background check. I understand that my employment is contingent upon the checking of references furnished by me.

I understand that this application does not create a contract for employment. I understand and agree that, if hired, my employment is for no definite period of time. I understand, also, that I am required to abide by all rules and regulations of Okanogan County Community Action Council.

I understand and agree with the statements made pertaining to this application. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Applicant Signature _____

Date _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. This data is for analysis and affirmative action only. **Submission of information is voluntary.**

Please check one: Male Female

Check all that apply:

Race/Ethnic Group	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black or African-American
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Other _____	

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual



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REFERENCE AUTHORIZATION

To Whom It May Concern:

I, _____, authorize Okanogan County Community Action Council (OCCAC) to contact all of my former or present employers for the purposes of verification and reference.

I knowingly and voluntarily release Okanogan County Community Action Council, its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the agency's request for an receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the agency requests.

Printed name of Applicant

Applicant's Signature

Date

NOTE: A photocopy of this information shall be as valid as the original