



*building community... building futures!*

PO Box 1067 • 424 South 2<sup>nd</sup> 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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
City State Zip

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	University High School			General	Diploma	2006
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 Please list three previous supervisor's whom we can contact as a reference. By placing these references here, you give OCCAC permission to call these people for a reference check.

Name	City & Phone	Occupation	Years Known
1			
2			
3			

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	Phone (      )	Dates of Employment From                      To
Address	Work Performed	
Job Title		
Supervisor		
Reason for Leaving		

Employer	Phone (      )	Dates of Employment From                      To
Address	Work Performed	
Job Title		
Supervisor		
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Job Title		
Supervisor		
Reason for Leaving		

- Attach additional page(s) if necessary -

## ACKNOWLEDGEMENT

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

I understand that as a condition of my employment with OCCAC, I will be required to submit an acceptable driving abstract provided by myself as a condition of my employment.

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I, \_\_\_\_\_, hereby give my permission to:

- 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**