



# EMPLOYMENT APPLICATION

## CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Chelan-Douglas Community Action Council does not discriminate on the basis of race, creed, color, national origin, sex, marital status, sexual orientation, age, Vietnam-era military service or disability, religion or a disability as defined by applicable state and/or federal regulations or statutes.

### Part 1: GENERAL INFORMATION

Please review all questions carefully before preparing your application.

POSITION (Job title for which you are applying; list only one)				
NAME (Last, First and Middle Initial)			SOCIAL SECURITY NO. XXX XX XXXX Required if hired	
MAILING ADDRESS (Include apartment number, if any)				HOME TELEPHONE ( )
CITY	COUNTY	STATE	ZIP	OTHER TELEPHONE ( )

### PART 2: BACKGROUND INFORMATION

If a driver's license or other license, certificate, or a registration is required for this position, please complete this section.

Driver's License	License Number	Expiration Date
Commercial (A, B, C)		
Other		

➤ Other than English, what language do you speak, read or write fluently?

\_\_\_\_\_

### PART 3: EDUCATION

#### Review of Education

➤ Are you a high school graduate or have you passed a general education development (GED) test?  
 YES       NO      If NO, What is the highest grade completed: \_\_\_\_\_

➤ List post high school training, including college, business school, military training, and other relevant education.  
 If more space is needed, attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned	Major	Type of Degree Awarded	Year Degree Received
1.	From:				
	To:				
2.	From:				
	To:				
3.	From:				
	To:				
4.	From:				
	To:				
5.	From:				
	To:				

**A resume alone is not acceptable. This section must be completed. Start with your present or last position, and then work backward. List volunteer, as well as paid work. Attach additional sheets if necessary.**

**PART 4: EMPLOYMENT HISTORY**

From:	Employer	Employer's phone number		
To:	Address	City	State	Zip
Job Title		Supervisor's Name		
Specific Job Duties		Reason for Leaving		

From:	Employer	Employer's phone number		
To:	Address	City	State	Zip
Job Title		Supervisor's Name		
Specific Job Duties		Reason for Leaving		

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To:	Address	City	State	Zip
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Job Title		Supervisor's Name		
Specific Job Duties		Reason for Leaving		

From:	Employer	Employer's phone number		
To:	Address	City	State	Zip
Job Title		Supervisor's Name		
Specific Job Duties		Reason for Leaving		

List ALL other positions you have held in the past ten years, beyond the most recent ones listed on the prior page. Attach additional sheets if necessary.

<b>Employer</b>	Address
Job Title	Name and Contact Information for your supervisor
Dates of Employment	Reason for Leaving
<b>Employer</b>	Address
Job Title	Name and Contact Information for your supervisor
Dates of Employment	Reason for Leaving
<b>Employer</b>	Address
Job Title	Name and Contact Information for your supervisor
Dates of Employment	Reason for Leaving

### Professional References

Name & Relationship (ex: John Smith, current supervisor)	Phone Number & Email Address

### PART 5: DATE AND SIGNATURE

I understand and agree that, if I am hired, I am an at-will employee and that Chelan-Douglas Community Action Council has the right to terminate my employment at any time for any reason with or without notice. I also agree to abide by all present and subsequent policies and procedures established by Chelan-Douglas Community Action Council.

\_\_\_\_\_      \_\_\_\_\_  
 Initials                      Date

If you are considered for employment, you will be required to complete a disclosure and authorization form so that we may obtain consumer and/or investigative reports. Your employment will be conditioned upon the receipt of a satisfactory report.

All answers and statements are true and complete to the best of my knowledge. I understand that all information may be verified, including reference checks. I understand that any untruthful or misleading answers are cause for rejection of this application, or dismissal if employed

TO BE ACCEPTED YOU MUST SIGN AND DATE THIS APPLICATION	SIGNATURE	DATE
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