



EMPLOYMENT APPLICATION
 South Central Workforce Development Council
 120 South 3rd Street, Suite 200A
 Yakima, WA 98901
 (p) 509.574.1950 (f) 509.574.1951

Position Applying For

Job Title _____
 Date _____

Contact Information

Name _____ Social Security Number _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Business Phone _____
 Alternate Contact Number _____ Email Address _____
 Availability Full Time Part Time Temporary Any
 Are you at least 18 years of age? Yes No

Education

High School (Name) _____ Location _____
 Diploma Other (Specify) _____ Highest Grade Completed _____
 College Graduate? Yes No If no, give total credits received if attended _____ Your name if different while attending school _____

College/University	Address	Degree	Courses

Job Related Training and Skills

List any skills, licenses, certificates, training and experiences which are related to the job you seek (including any computer software and equipment proficiency, typing speed, and additional languages spoken)

Work Experience

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties (give details)

Reason for Leaving _____

2. Your Next Most Recent Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties (give details)

Reason for Leaving _____

3. Your Next Most Recent Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties (give details)

Reason for Leaving _____

4. Your Next Most Recent Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties (give details)

Reason for Leaving _____

5. Your Next Most Recent Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties

Reason For Leaving _____

6. Your Next Most Recent Employer _____

Address _____ Phone _____

Job Title _____ Supervisor's Name _____ Supervisor's Title _____

From _____ To _____ Hours per Week _____ Salary _____

May we contact this employer? Yes No Number Supervised _____

Job Duties (give details)

Reason For Leaving _____

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

If yes provide Number _____ Expiration Date _____

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge (s) _____

Where convicted _____ Date _____ Disposition/Status _____

Have you ever been terminated or forced to resign from any job, including incidents involving violence? Yes No If yes, please explain _____

Are you legally authorized to work in the United States? Yes No _____

Give the names of two people, not relatives, who are familiar with your work

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Authority to Release Information: By my signature, I consent to the release of information authorized officers, agents, and/or employees of the South Central Workforce Council which may include but no be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the South Central Workforce Council to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present or former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. I understand that this application is not an offer of employment and employment with this organization is on an at-will basis, terminable at any time for any reason. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____