



EMPLOYMENT APPLICATION

Today's Date _____ Position Applied for: _____

APPLICANTS, IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY, AND TO READ, INITIAL AND SIGN THE LAST PAGE.

Full Name: _____
First Initial Last

_____ Mailing Address City State Zip Code

_____ Home Phone Cell/Message Phone E-mail

Are you a U.S. citizen or alien authorized to work in the United States? Yes No
(Proof of U.S. Citizenship or Immigration Status will be required upon employment)

Are you 18 years of age or older? Yes No

If the position applied for requires driving, do you have?
a. Valid Washington State Drivers License. Yes No b. Current Auto Liability Insurance Yes No
c. Insurable Driving Record. Yes No d. Access to a vehicle/bus Yes No

Why are you interested in this position? _____

What skills and training qualify you for this position? _____

Have you ever worked for Olympic Community Action Programs? If yes, what position and when? _____

If you have any relatives currently employed by Olympic Community Action Programs please list. _____

IF APPLYING FOR A POSTION IN EARLY CHILDHOOD SERVICES, PLEASE COMPLETE THE FOLLOWING QUESTIONS

Do you have Head Start/Early Head Start experience? Yes No

Are you a past or current parent in the Head Start/Early Head Start program? Yes No

Note: Olympic Community Action Programs is an Equal Opportunity Employer. Please notify Human Resources if you need any accommodation or assistance with any part of our application process.

EMPLOYMENT HISTORY

This section must be completed **entirely**. *Resumes, will not be accepted in lieu of an application, but may be submitted in addition to application.* List all work experience for the past 10 years, beginning with your current or most recent job. In addition, include any experience (i.e., military or volunteer) that you would like to have considered as part of your qualifications for the position you are applying for. Use additional pages as needed.

YOUR CURRENT OR MOST RECENT POSITION

Employer _____	_____ / _____ From (month) / (year)
Address _____	_____ / _____ To (month) (year)
Position Held _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Supervisor (for reference purposes) _____ Phone _____	Hours per week _____
Duties/Responsibilities _____	

_____	May we contact this employer?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or considering a change _____	

Employer _____	_____ / _____ From (month) / (year)
Address _____	_____ / _____ To (month) (year)
Position Held _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Supervisor (for reference purposes) _____ Phone _____	Hours per week _____
Duties/Responsibilities _____	

_____	May we contact this employer?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or considering a change _____	

EMPLOYMENT HISTORY (Continued)

Employer _____	_____ / _____ From (month) / (year)
Address _____	_____ / _____ To (month) / (year)
Position Held _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Supervisor (for reference purposes) _____ Phone _____	Hours per week _____
Duties/Responsibilities _____	

_____	May we contact this employer?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or considering a change _____	

Employer _____	_____ / _____ From (month) / (year)
Address _____	_____ / _____ To (month) / (year)
Position Held _____	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Supervisor (for reference purposes) _____ Phone _____	Hours per week _____
Duties/Responsibilities _____	

_____	May we contact this employer?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for leaving or considering a change _____	

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EDUCATION

Circle highest grade level completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

	Name of School/Location	Diploma or Degree	Major
High School	_____	_____	_____
College	_____	_____	_____
Graduate School	_____	_____	_____
Vocational or Training	_____	Certificate	_____

Additional Information

Professional Memberships and Affiliations _____

Professional and Trade Licenses _____

Computer skills: Microsoft Office
 (please check the appropriate boxes) Excel Access Publisher Other software _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

Olympic Community Action Programs is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race/ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, age, or any other status protected by law. (____ *initial here*)

Interviews are given on a competitive basis, using job-related factors, after an application has been received. Not everyone who applies for a vacant position will be interviewed. (____ *initial here*)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any falsification, misrepresentation or omission of information on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission that becomes known to Olympic Community Action Programs will result in immediate termination of my position. (____ *initial here*)

I authorize previous employers and supervisors to supply Olympic Community Action Programs with any and all information regarding my previous employment with the exceptions noted on this application. I understand that final consideration for employment in this position may be contingent upon the results of reference checking and background and/or drug-alcohol screening for specific job classifications where appropriate. (____ *initial here*)

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and that I understand that providing false, inaccurate, incomplete or misleading information will result in refusal of employment or termination of employment if discovered after date of hire. I acknowledge that the company will verify the accuracy and completeness of the information I have provided and I authorize all entities and individuals identified or discovered during the company's hiring process to provide information regarding my employment, education, character and qualifications. I release all entities and individuals who provide information in accordance with this release from all liability for any damages that may result from furnishing information to the company. I understand that if I am employed, I must conform to the company's rules, policies and procedures. I also understand that my employment is "at will", which means that the company or I may terminate my employment at any time for any reason. (____ *initial here*)

Signature of Applicant

Date