



Application for Employment

INSTRUCTIONS: Please complete this application, answering all questions to the best of your ability. Items that do not apply should be noted "Not Applicable" or "N/A".

| | |
|---|--------------------------------|
| Position for which you are applying: | Date available for work |
|---|--------------------------------|

| | | |
|---|---|------------------------|
| Name (last, first, middle initial) | Date | |
| Address (street, city, state, zip) | | |
| Home phone | Alternate phone: Cell <input type="checkbox"/> Work <input type="checkbox"/> | E-mail address: |

| | | |
|---|---|-----------------------------|
| Are you legally eligible for employment in the United States? (Appropriate Documentation will be required upon hire.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you under the age of 18? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, can you provide a minor work permit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you possess a valid Washington State Driver's License? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you possess a valid Washington State CDL? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| With reasonable accommodation, are you able to perform the essential functions of the position for which you are applying? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| How did you find out about this vacancy? | | |
| <input type="checkbox"/> Newspaper (please specify) _____ | <input type="checkbox"/> Website (please specify) _____ | |
| <input type="checkbox"/> Networking (please specify) _____ | <input type="checkbox"/> Other (please specify) _____ | |

Within the past 7 years have you been convicted of a criminal offense or served time in jail following conviction of a crime? Yes No

If yes, please explain:

(A conviction record will not necessarily bar you from employment.)

Attendance and punctuality are critical to the effective and efficient performance of District functions.

Do you have any commitments or responsibilities that would prevent you from adhering to an assigned work schedule, or being at work regularly? Yes No

If yes, please explain:

EDUCATIONAL BACKGROUND

| | Name & Location of School | # of Years Completed | Graduate? | Major or Degree* | Professional License or Certification* |
|-----------------------|---------------------------|----------------------|--|------------------|--|
| High School | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| College | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| College | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Business/Trade School | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Other | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

*Transcripts and copies of Professional License or Certifications are required upon hire.

Please list any special training, skills, or certifications:

EMPLOYMENT BACKGROUND

List all current and former employers beginning with the most recent, including military and volunteer service. Please account for all periods between jobs. You may attach an additional sheet if necessary.

| | | | |
|--|------|-----------------------|------------|
| Employer | From | To | Supervisor |
| Address | | | Phone # |
| Duties | | | |
| Reason for leaving | | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Final wage/salary: \$ | |

| | | | |
|--|------|-----------------------|------------|
| Employer | From | To | Supervisor |
| Address | | | Phone # |
| Duties | | | |
| Reason for leaving | | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Final wage/salary: \$ | |

| | | | |
|--|------|-----------------------|------------|
| Employer | From | To | Supervisor |
| Address | | | Phone # |
| Duties | | | |
| Reason for leaving | | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Final wage/salary: \$ | |

| | | | |
|---|-------------|-----------|------------------------------|
| Employer | From | To | Supervisor |
| Address | | | Phone # |
| Duties | | | |
| Reason for leaving | | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Final wage/salary: \$ |

| | | | |
|---|-------------|-----------|------------------------------|
| Employer | From | To | Supervisor |
| Address | | | Phone # |
| Duties | | | |
| Reason for leaving | | | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Final wage/salary: \$ |

I understand that:

1. All of the information that I have supplied in this application is a full and complete statement of facts. Falsification of information in this application may result in cancellation of this application; and if employed, may be considered just cause for immediate dismissal.
2. This application is not a contract for employment.
3. Pursuant to District policy, applicants who are offered employment will be scheduled for a job-related physical examination and a drug screen. Passing this screening process is a condition of employment. Failure to submit to the screening process will be deemed as withdrawal of the application for employment, or, if employed, will result in immediate termination of employment with the District.
4. In making this application for employment, I authorize the District to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Applicant's Signature _____ Date _____