

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For				Date of App	lication	
How did you learn about us?						
	☐ Advertisement ☐ Employment Ager	псу	☐ Friend ☐ Relative		Valk–In other	
Last Name	First 1	Name				
Address	City	State		Zip code		
Telephone		Email	Address			
If you are under 18 years of proof of your eligibility to wo		quired		☐ Yes	□ No	
Have you ever filed an appl	ication with us before?			☐ Yes	□ No	
Have you ever been employ	yed with us before?		If yes, give date.	☐ Yes	□No	
May we contact your preser	nt employer?		If yes, give date.	☐ Yes	□ No	
Are you prevented from law country because of Visa or i Proof of citizenship or immigro	mmigration status?		☐ Yes	□ No		
On what date would you be	available for work?					
Are you available to work:	☐ Full Time	☐ Part	Time ☐ Shift	Work $\square$	Temporary	
Are you currently on "lay-off	" status and subject to red	call?		☐ Yes	□ No	
How do you feel about acce	pting additional training?					
Do you possess or are you or Driver's License and have a reliable transportation?			State			
Can you travel if a job requi	res it?					
				☐ Yes	☐ <b>N</b> o	
*NOTE: FAX transmittals may t immediately by PCHA's receipt		dlines but a	re not considered off	Yes îcial applicatior	No ns. FAX transmitta	ıls must be followed

## **Education**

	High School			Undergraduate College/ University			Undergraduate College/ University			Graduate/ Professional						
School Name and Location					COIL	ege/ o	mvers	nty	COIL	cgc/ c	<u> </u>	Sity				
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/ Degree																
Describe course of study.																
Describe any specialized training, apprenticeship, skills, and extra-curricular activities.																
Describe any honors you may have received.																
State any additional information you believe may be helpful to us in considering your application.	1															
In	dicat	e any i	forei	gn lan	ıguag	es yo	u can	speal	k, reac	d, and	l/or w	vrite.				
FI	luent					Goo	od					Fair				
Speak						-										
Read																
Write																
List professiona trade business You may exclude memberships, which w								age, ar	ncestry,	disabi	ility, or	other	protect	ed statu	ıs.	
References																
Give name, address, and telepho you and are not previous employ  1.		ımber	of th	ree re	feren	ces w	ho are	e not i	relate	d to						
3.																

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

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## **Applicant's Signature**

I certify that answers given herein are true and complete to the best of my knowledge.	
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.	
By this application I hereby authorize the release of personnel information contained in the files of the employers I have listed as part of my employment experience. The employers I have listed are hereby released and held harmless from any liability arising from the release of personnel information relating to my employment with them. PCHA is authorized to request such information and to receive such information by my signature on this Applicant's Statement.	
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.	
I hereby acknowledge that any employment relationship with PCHA is at the discretion of the PCHA, which means that the employee may resign at any time and that employment can be terminated at the direction of the PCHA at any time.	
In the event of employment, I understand that false or misleading information given in my application or interview(s) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.	
I further understand that a request will be made through the Washington State Patrol for criminal conviction history record information and that information provided regarding pertinent/ relevant convictions may be	
grounds for denial of my application or immediate dismissal.	
grounds for denial of my application or immediate dismissal.  Signature of Applicant  Date	
Signature of Applicant  Date	