



330 Pacific Place  
Mount Vernon, WA 98273

360.416.7585  
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Employment@CommunityActionSkagit.org  
www.CommunityActionSkagit.org

## APPLICATION FOR EMPLOYMENT

| POSITION APPLIED FOR | DATE OF APPLICATION |
|----------------------|---------------------|
|                      |                     |

| FIRST NAME     | MIDDLE INITIAL | LAST NAME        |
|----------------|----------------|------------------|
|                |                |                  |
| STREET ADDRESS | CITY           | STATE & ZIP CODE |
|                |                |                  |
| HOME PHONE     | CELL PHONE     | WORK PHONE       |
| (    )         | (    )         | (    )           |
| E-MAIL         |                |                  |
|                |                |                  |

Best time to contact you at above telephone numbers: \_\_\_\_\_

Have you ever been employed by Community Action of Skagit County (or Skagit County Community Action Agency)?

Yes    No   If yes, approximate dates: \_\_\_\_\_

Are you known to schools/other organizations by a different name?

Yes    No   If yes, other name: \_\_\_\_\_

Do you have relatives employed by Community Action of Skagit County, or serving on its Board of Directors? (A yes answer will not necessarily exclude an applicant, but will be used to prevent placement which may create conflict of interest.)

Yes    No   If yes, list name and relationship: \_\_\_\_\_

Are you legally authorized to work in the U.S.?    Yes    No   (Documentation proving eligibility must be provided within 3 days of hire as required by law)

Are you at least 18 years of age?    Yes    No

Check those that you are able to work:    Full-Time    Part-Time    Evenings    Weekends

Are you currently employed?    Yes    No   Date available to begin working with Community Action: \_\_\_\_\_

Are you on lay-off status or subject to recall elsewhere?    Yes    No   If yes, please explain: \_\_\_\_\_

Have you ever been involuntarily terminated from a job or asked to resign from a job?    Yes    No

If yes, please explain: \_\_\_\_\_

Are you willing to travel as part of your job duties?    Yes    No   Do you possess a valid Washington State driver's license?    Yes    No

Are you able to perform, on a regular basis, the essential duties of the position for which you are applying, with or without reasonable accommodation?

Yes    No

COMMUNITY ACTION OF SKAGIT COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

**EMPLOYMENT HISTORY**

|                    |   |                           |                 |
|--------------------|---|---------------------------|-----------------|
| EMPLOYER           |   | SUPERVISOR                | PHONE<br>(    ) |
| ADDRESS            |   | JOB TITLE                 |                 |
| CITY   STATE   ZIP |   | GENERAL POSITION OVERVIEW |                 |
| DATE OF HIRE       | DATE OF SEPARATION  |                           |                 |
| REASON FOR LEAVING | MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                 |

|                    |   |                           |                 |
|--------------------|---|---------------------------|-----------------|
| EMPLOYER           |   | SUPERVISOR                | PHONE<br>(    ) |
| ADDRESS            |   | JOB TITLE                 |                 |
| CITY   STATE   ZIP |   | GENERAL POSITION OVERVIEW |                 |
| DATE OF HIRE       | DATE OF SEPARATION  |                           |                 |
| REASON FOR LEAVING | MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                 |

|                    |   |                           |                 |
|--------------------|---|---------------------------|-----------------|
| EMPLOYER           |   | SUPERVISOR                | PHONE<br>(    ) |
| ADDRESS            |   | JOB TITLE                 |                 |
| CITY   STATE   ZIP |   | GENERAL POSITION OVERVIEW |                 |
| DATE OF HIRE       | DATE OF SEPARATION  |                           |                 |
| REASON FOR LEAVING | MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                 |

|                    |   |                           |                 |
|--------------------|---|---------------------------|-----------------|
| EMPLOYER           |   | SUPERVISOR                | PHONE<br>(    ) |
| ADDRESS            |   | JOB TITLE                 |                 |
| CITY   STATE   ZIP |   | GENERAL POSITION OVERVIEW |                 |
| DATE OF HIRE       | DATE OF SEPARATION  |                           |                 |
| REASON FOR LEAVING | MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                 |

|                    |   |                           |                 |
|--------------------|---|---------------------------|-----------------|
| EMPLOYER           |   | SUPERVISOR                | PHONE<br>(    ) |
| ADDRESS            |   | JOB TITLE                 |                 |
| CITY   STATE   ZIP |   | GENERAL POSITION OVERVIEW |                 |
| DATE OF HIRE       | DATE OF SEPARATION  |                           |                 |
| REASON FOR LEAVING | MAY WE CONTACT?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                 |

| EDUCATION                          |            |  |
|------------------------------------|------------|--|
| HIGH SCHOOL                        | LOCATION   | <input type="checkbox"/> Graduated<br><input type="checkbox"/> GED/Equiv |
|                                    |            |  |
| COLLEGE/UNIVERSITY, City and State | DEGREE (S) |  |
|                                    |            |  |
|                                    |            |  |
|                                    |            |  |

| TRAINING  |
|---|
| List any relevant specialized training, apprenticeship, skills (office equipment, software programs, etc.): |
|   |
|   |

| LICENSES   CERTIFICATIONS  |
|--|
| List any licenses or certifications you hold which are necessary or useful in this position. List kind of license/certification, issuing state, expiration date: |
|  |
|  |

| PROFESSIONAL   BUSINESS ACTIVITIES   |
|--|
| List any professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status: |
|  |
|  |

| ADDITIONAL INFORMATION   |
|--|
| Please state any additional information you feel may be helpful to us in considering your application: |
|  |
|  |
|  |

| WORK-RELATED REFERENCES  |          |       |       |
|--|----------|-------|-------|
| List 3 work-related references who may be contacted – preferably recent employers: |          |       |       |
| 1  | NAME     | TITLE |       |
|  | BUSINESS | PHONE | (   ) |
| 2  | NAME     | TITLE |       |
|  | BUSINESS | PHONE | (   ) |
| 3  | NAME     | TITLE |       |
|  | BUSINESS | PHONE | (   ) |

| U.S. MILITARY SERVICE |               |                    |
|-----------------------|---------------|--------------------|
| BRANCH OF SERVICE     | SERVICE DATES | MILITARY SPECIALTY |
|                       |               |                    |

| UNEMPLOYMENT   |
|--|
| List periods of unemployment of 90 days or more and explain. |
|  |
|  |
|  |

**How did you learn about this position?**

- Community Action Website     
  Friend/Relative/Co-Worker     
  Craigslist     
  Indeed     
  WorkSource  
 Other Organization/Website/Media: \_\_\_\_\_

**AUTHORIZATION & CERTIFICATION**

- I certify that the information given by me to Community Action of Skagit County is true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information or omitted information during the application process may result in immediate dismissal.
- I authorize Community Action of Skagit County to solicit information regarding my education and previous employment, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Community Action of Skagit County from any liability for future references it may provide regarding my work history with Community Action of Skagit County.
- I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Community Action’s interests or those of its clients, nor will I become engaged in such activity or business if employed.
- I understand and acknowledge that any employment relationship with Community Action of Skagit County is of an **at-will** nature. This means that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Community Action of Skagit County or myself. I understand that no representative of Community Action, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.
- Pursuant to RCW 43.43, all applicants and new or current employees who will or may have unsupervised access to children under 16 years or age, developmentally disabled persons or vulnerable adults, shall be required to undergo a criminal background check. Individuals who have resided in Washington State for less than three years must be fingerprinted as part of this process. Employees required to undergo a background check are employed on a conditional basis pending the results of these investigations.
- If employed, I understand and agree that all company property must be returned in good condition and any indebtedness to Community Action of Skagit County must be paid as soon as possible. Further, I understand and agree that if I lose, damage, or fail to return any Community Action property, or if I fail to repay Community Action for any indebtedness in a timely manner, Community Action of Skagit County is authorized to deduct from my wages sufficient funds to satisfy any unpaid obligation.

| APPLICANT’S SIGNATURE | DATE |
|-----------------------|------|
|                       |      |

Please Note:

- Community Action of Skagit County will consider application packets containing these three elements: (1) this application form, (2) your resume, and (3) a cover letter.

Please submit application packets to:

Employment@CommunityActionSkagit.org  
 or  
 Community Action of Skagit County  
 330 Pacific Place  
 Mount Vernon, WA 98273

*Thank you for your interest in Community Action of Skagit County!*