

330 Pacific Place
Mount Vernon, WA 98273

360.416.7585
F 360.416.7599

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

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

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

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

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

EDUCATION			
HIGH SCHOOL		LOCATION	
		<input type="checkbox"/> Graduated <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	EMAIL	PHONE ()
2	NAME	TITLE	
	BUSINESS	EMAIL	PHONE ()
3	NAME	TITLE	
	BUSINESS	EMAIL	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!