

# APPLICATION FOR EMPLOYMENT



## CONTACT INFORMATION & BACKGROUND

Position Applied for: \_\_\_\_\_

Date of Application: \_\_\_/\_\_\_/\_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State & ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been employed by Community Action of Skagit County (or Skagit County Community Action Agency)?  Yes  No If yes, approximate dates: \_\_\_\_\_

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 at least 18 years of age?  Yes  No

Date available to begin working with Community Action: \_\_\_\_\_

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

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

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

## WORK HISTORY

Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State, & ZIP: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ May we Contact?  Yes  No

Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State, & ZIP: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ May we Contact?  Yes  No

Employer: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

City, State, & ZIP: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ May we Contact?  Yes  No

## EDUCATION

High School Diploma/GED/Equivalent Received?  Yes  No

College/University, City and State & Degree(s):

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## TRAINING

List any relevant specialized training, apprenticeship, skills (equipment, software programs, etc.)

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## 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:

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## 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:

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## ADDITIONAL INFORMATION

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

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## ADDITIONAL LANGUAGES

Please list any other languages you speak:

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## WORK RELATED REFERENCES

List at least 3 work-related references who may be contacted - preferably recent employers:

Name: _____	Name: _____
Title: _____	Title: _____
Business: _____	Business: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

Name: _____	Name: _____
Title: _____	Title: _____
Business: _____	Business: _____
Email: _____	Email: _____
Phone: _____	Phone: _____

## UNEMPLOYMENT

Please list periods of unemployment of 90 days or more and explain:

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## HOW DID YOU LEARN ABOUT THIS POSITION?

- Friend/Relative/Co-Worker (please list their name \_\_\_\_\_)
- Indeed  Craigslist  WorkSource  Community Action Website
- Other (please list: \_\_\_\_\_)

## 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 of 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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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](mailto:Employment@CommunityActionSkagit.org) or to:

Community Action of Skagit County  
330 Pacific Place  
Mount Vernon, WA 98273

