Application For Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ___/___/___

Name_____
LAST FIRST MIDDLE

Address_____
STREET CITY STATE ZIP CODE

Telephone (____)_____ Other Phone (____)_____ Social Security #_____

If you are under the age of 18, and it is required, can you furnish a work permit?.....Yes ____ No ___
If no, please explain_____
Have you ever been employed here before?.....Yes ____ No ___
Are you legally eligible for employment in this country?.....Yes ____ No ___
Are you able to meet the attendance requirements of the position?.....Yes ____ No ___
Have you ever been charged and/or convicted of a crime?.....Yes ____ No ___
If yes, please explain_____
NOTE: Charges/Convictions will not necessarily be a bar to employment, each instance and explanation will be considered.
Date available for work _____ Type of Employment desired: Full-time _____ Part-time _____ Other _____
Driver's License Number _____ State Issued _____

Employment History

Please provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			

From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			

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AN EQUAL OPPORTUNITY EMPLOYER

From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			

From	To	Employer	Telephone Number
Position	Wage	Address	
Supervisor	Title	Job Responsibilities	
Reason For Leaving			

Residential History

Please provide your current and previous residential history.

CURRENT ADDRESS			Rent _____ Own _____ Lease _____	
Street Address	Apt #	City	State	Zip Code
Name of Apartments (if applicable)		How Long? From To		
Landlord/Management Company/Owner/Mortgage Company				
Landlord/ Mortgage Company Address		City	State	Zip Code
Telephone Number	Fax Number		Email Address	

PREVIOUS ADDRESS			Rent _____ Own _____ Lease _____	
Street Address	Apt #	City	State	Zip Code
Name of Apartments (if applicable)		How Long? From To		
Landlord/Management Company/Owner/ Mortgage Company				
Landlord/ Mortgage Company Address		City	State	Zip Code
Telephone Number	Fax Number		Email Address	

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AN EQUAL OPPORTUNITY EMPLOYER

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

_____
_____
_____
_____
_____

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course Of Study
High School			
College			
Other			

References

Name	Relationship	Telephone Number	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release form liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

SIGNATURE OF APPLICANT_____**DATE**_____

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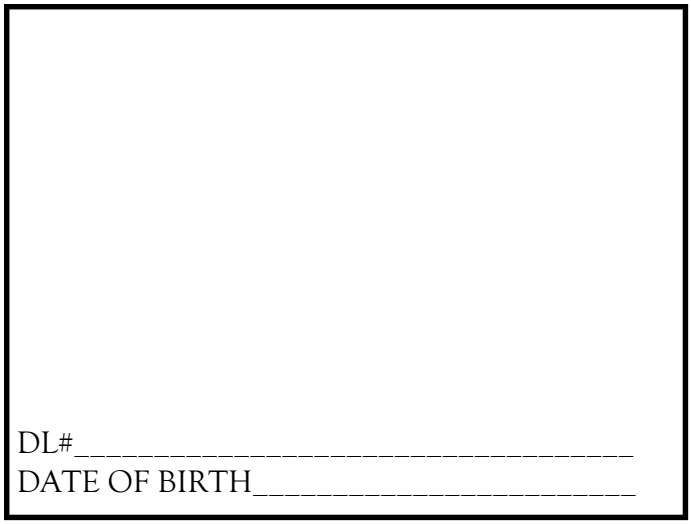
AN EQUAL OPPORTUNITY EMPLOYER

COPY OF SOCIAL SECURITY CARD



COPY OF DRIVER'S LICENSE

CONTINUED ON NEXT PAGE

Company: _____
Phone: _____

RELEASE AUTHORIZATION

In connection with my application for employment and/or continued employment and/or contract employment with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment form previous employers. Further, I understand that you may be requesting information concerning my workers' compensation claims, motor vehicle operation history, credit history and criminal history from various states, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Today's Date: _____ Applicant's Signature: _____

The following must be filled out completely for your application to be considered. (Please print).

Last Name	First Name	MI	Date of Birth	Race	Sex	Social Security #	
Place of Birth (City/State)	Current Address		City	State	Zip	Driver's License # / State	
Other Last Names Used	Other States and Counties I have lived in as an adult…		State	County	Zip	From (year)	To (year)
		1					
		2					
		3					
		4					

Have you ever been charged or convicted of a crime: Yes ☐ No ☐
If yes, what State & County: _____ What was the nature of the crime? (give details): _____

***The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.
P.O. Box 277
Anacortes, WA 98221
Phone: (800) 341-0022
Fax: (800) 522-6722