The Arc of King County

Employment Application Form

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

PRINT ALL INFORMATION REQUESTED DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (___) _____ If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)
When available for work? _____

Days/hours available to work
Days/Hours

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
List hrs.							

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

LAST//PRESENT	EMPLOYMENT DATES FROM TO	COMPANY NAME
	RATE OF PAY START END	ADDRESS STREET CITY STATE ZIP
	POSITION TITLE	POSITION DUTIES
	MAY WE CONTACT THIS EMPLOYER?	SUPERVISOR'S NAME TITLE PHONE
	REASON FOR LEAVING	
PREVIOUS	EMPLOYMENT DATES FROM TO	COMPANY NAME
	RATE OF PAY START END	ADDRESS STREET CITY STATE ZIP
	POSITION TITLE	POSITION DUTIES
	MAY WE CONTACT THIS EMPLOYER?	SUPERVISOR'S NAME TITLE PHONE
	REASON FOR LEAVING	
PREVIOUS	EMPLOYMENT DATES FROM TO	COMPANY NAME
	RATE OF PAY START END	ADDRESS STREET CITY STATE ZIP
	POSITION TITLE	POSITION DUTIES
	MAY WE CONTACT THIS EMPLOYER?	SUPERVISOR'S NAME TITLE PHONE
	REASON FOR LEAVING	

EDUCATION				
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	No. of Years Completed		MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION OTHER THAN A TRAFFIC VIOLATION? ❑ No ❑ Yes

If yes, explain, nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. __

DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing ❑ Yes ❑ No _____ WPM 10-key ❑ Yes ❑ No Word Processing ❑ Yes ❑ No _____ WPM

Personal Computer ❑ Yes ❑ No PC ❑ Mac ❑ Other _____ Skills _____

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone ( ) _____ Telephone ( ) _____

AFFIDAVIT- PLEASE READ CAREFULLY

I certify that the statements I have made in this application are true and complete. I authorize verification of all statements contained in the application which The Arc of King County may deem relevant to my employment and authorize my previous employers or other persons having information concerning me or my record to report such information to The Arc of King County. I hereby release The Arc of King County, my former employer, or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is subsequently discovered that the information herein is untrue or that I have failed to disclose a material fact, any offer of employment made to me by The Arc of King County may be Immediately withdrawn or, if I am already employed by The Arc of King County I may be subject to immediate dismissal at The Arc of King County's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by The Arc of King County other than for wages at the rate agreed upon for work I have actually performed for The Arc of King County

In accordance with the Immigration Reform and Control Act 1986, The Arc of King County will only hire United States citizens and aliens lawfully authorized to work in the United Stales. I understand that I will be required to complete the designated employment eligibility verification (1-9) form as a condition of employment.

I understand and agree that if I am employed as a result of this application, my employment will be at-will which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time.

DATE SIGNATURE

Equal Opportunity Employer