



UNITED GENERAL DISTRICT 304
 2241 HOSPITAL DRIVE
 SEDRO WOOLLEY WA 98284
 www.UNITEDGENERAL.org

JOB APPLICATION

Please Print All Information

Date: _____

Last Name:		First Name:		Middle Name:	
Address:				City:	
State:		Zip Code:			

Telephone Numbers:	Home	
	Cell	

Position Applied For: _____

Shifts willing to work: (check all that apply)

- First Shift Second Shift Third Shift

Salary or Hourly Rate expected: _____ week hour (circle one)

Have you ever been employed by us before? Yes No

If Yes, Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you 18 Years or older? Yes No

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No

(Proof of citizenship or immigration status is required upon employment.)

You are available to work: Full Time Part Time Temporary

Date you can begin work: _____

Have you been convicted of a crime within the last seven (7) years? Yes No

(Other than a traffic violation.) (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain:

EDUCATION

School Address	Credits Earned	Major	Diploma/Degree
High School:			
College:			
Technical/Other:			

WORK HISTORY

List below all present and past employment, beginning with your most recent. All times must be accounted for whether employed or not. Attach an additional sheet if necessary.

Name and Address of Company and Type of Business	From		To		Describe in detail work you did and your title	Weekly Start Salary or Hourly Rate	Weekly End Salary or Hourly Rate	Reason for Leaving	Name, Title and Phone Number of Your Supervisor
	MO	YR	MO	YR					

OTHER CERTIFICATIONS OR APPLICABLE EXPERIENCE

PERSONAL REFERENCES:

Name:		Company:		Phone:	
Address:				Relationship:	
City/ State/ Zip:					
Name:		Company:		Phone:	
Address:				Relationship:	
City/ State/ Zip:					

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

I understand, if I am applying for a safety-sensitive position, that employment is contingent upon satisfactory completion of requested pre-employment lab test for controlled substances and that a positive test result will prohibit and/or cancel any offer of employment made and prohibit any consideration of employment at United General District 304 for one year from the date of positive test result.

I certify that the information set forth in this application for employment is true and complete to the best of my knowledge. I understand that if I have given false, misleading or incomplete information in connection with my employment application, I may be disqualified from further consideration for employment, or if already employed, that I may be dismissed.

I understand my employment shall be contingent upon proof of eligibility of employment in the United States in accordance with the Federal Immigration Control and Reform Act of 1986. I further understand that I will be required to complete a disclosure statement and a Washington State Patrol form under the Washington Child/Adult Abuse Information Act of 1988.

I consent to and authorize United General District 304 and its personnel to conduct an investigation into my employment and educational history and to contact any and all references. I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of the furnishing of such information. If I am employed by United General District 304, I release it from any liability for future references it may provide regarding my work history with United General District 304.

I understand that United General District 304 does not promise employment for any particular period of time and may end the employment relationship at any time with or without cause. I understand that no representative of United General District 304 has any authority to enter into any agreement on any other terms.

United General District 304 provides equal opportunity in employment, services and all related programs without regards to race, sex, sexual orientation, creed, age, religion, color, national origin, disability or any other basis prohibited by law. Questions or complaints alleging violations of the United General District 304 equal opportunity policy may be directed to the Superintendent/CFO at (360) 854-7151.

If I am employed by United General District 304, and United advances to me any paid leave before it is accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any United property, United is authorized to deduct from my wages sufficient funds to repay such loans or advances, or to replace its property.

This application is valid for sixty days from the application date unless renewed in person or in writing.

Applicant's Signature: _____

Date:
