



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Position Applied for: _____

Date Available: _____

Are you authorized to work in the United States? YES NO

Have you ever been employed by us before? YES NO If yes, when? _____

If yes, explain: _____

Education

High School: _____ Location: _____

Did you graduate? YES NO

College: _____ Location: _____

Did you graduate? YES NO Degree: _____

Other: _____ Location: _____

Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary/Rate: _____ Ending Salary/Rate: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary/Rate: _____ Ending Salary/Rate: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Company: _____ Phone: _____

Location: _____ Supervisor: _____

Job Title: _____ Starting Salary/Rate: _____ Ending Salary/Rate: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor? YES NO

Professional References

Name: _____

Relationship: _____

Company: _____

Phone: _____

Location: _____

Name: _____

Relationship: _____

Company: _____

Phone: _____

Location: _____

Name: _____

Relationship: _____

Company: _____

Phone: _____

Location: _____

Applicant's Statement and Conditions of Employment

Please read carefully before signing.

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, 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 (or similar out-of-state agency) 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.

If I am employed by United General District 304 and I lose, damage, or fail to return any District property, United General District 304 is authorized to deduct from my wages sufficient funds to repair or replace its property.

United General District 304 provides equal opportunity in employment, services and all related programs without regards to race, gender, sexual orientation, creed, age, religion, color, national origin, disability or any other basis prohibited by law.

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

Applicant's Signature: _____

Date: _____