

**OLYMPIC NEIGHBORS
APPLICATION FOR EMPLOYMENT
PO BOX 1923
PORT TOWNSEND, WA 98368**

Date _____

Directions: Type or print in *blue or black ink*. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

Last Name	First Name	Middle
Address	City	State Zip
Phone	Day Phone (if Different)	Social Security Number _____
Fax Number	E-Mail Address	

EMPLOYMENT INFORMATION

Position for which you are applying: _

Are you employed at the present time? _____ If yes, please complete the information below

Employer's Name: _

Employer's Address: _

1. How long have you been with this employer? _____

2. If offered a position, when can you report for work? _____

3. If hired can you show proof of your legal right to work in the U.S.? Yes _____ No _____

4. Have you ever been dismissed, or asked to resign from any position? Yes _____ No _____

5. Have you ever been convicted of a felony, or a misdemeanor which resulted in imprisonment? A yes answer to the above question does not necessarily disqualify an applicant from employment. Yes _____ No _____

6. Have you ever been convicted of sexual or child abuse? Yes ___
No ___

If yes to number 4,5, or 6 please explain:

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EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s) _____ Subjects Studied (if applicable) _____

High School

College (Including dates attended)

EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address _____ Position(s) Held _____ Dates (Start - End) _____

REFERENCES

Name & Address (Include City, State, Zip) _____ Phone _____ Relationship _____

Please list any special training, license or certification you feel is relative to this position.

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

Signature

Date