



Workforce Development Council
Snohomish County

**WORKFORCE DEVELOPMENT COUNCIL SNOHOMISH COUNTY
(WDCSC)**

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicant Name: _____

Date: _____

Position Applying For: _____

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Type or print in ink. Fill in all blanks, but do not write in shaded areas. Sign and date form.

FIRST NAME	MI	LAST NAME	SOCIAL SECURITY NO.			
HOME ADDRESS/ P.O. BOX		STREET / APT NO.				
CITY	STATE	ZIP CODE	TELEPHONE			
POSITION(S) APPLYING FOR <i>(check one)</i> :		DATE AVAILABLE	SALARY EXPECTED			
HAVE YOU EVER BEEN EMPLOYED BY WDCSC BEFORE?		WHEN?				
WHO REFERRED YOU TO WDCSC FOR EMPLOYMENT? PLEASE LIST THE NAMES OF WDCSC EMPLOYEES WITH WHOM YOU ARE AQUAINTED (INDICATE IF RELATIVES)						
NAME		RELATIONSHIP				
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?		Note: If hired, you are required by law to submit proof of identity and eligibility to work in the U.S.				
EDUCATION						
	NAME OF INSTITUTION	LOCATION	DATES ATTENDED Mo/Yr - Mo/Yr	DID YOU GRADUATE? Yes or No	DEGREE	MAJOR
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

<p>HAVE YOU BEEN CONVICTED OF A FELONY? A conviction will not necessarily exclude an applicant from consideration for employment. Please answer completely and correctly. If YES, provide details</p>

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION TO RELEASE RECORDS

I certify that all statements made by me on this application and in any other form, oral or written, are true, complete and correct. I understand that any false, incomplete, inaccurate or omitted statements of a material fact could be a cause for rejection of my application or termination of my employment at any time.

Permission is granted to Workforce Development Council Snohomish County, its representatives, employees and/or agents to investigate all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Organization from all liability for any damage that may result from utilization of such information.

I understand that employment at WDCSC is at will, that this application and any other Organization documents are not contracts for employment, and anyone who is hired may voluntarily leave employment, and may be terminated by the Organization at any time and for any or no reason. I understand that any oral or written statements to the contrary are expressly disavowed.

I have read, understand, and by signature below consent to these statements.

APPLICANT'S SIGNATURE	DATE
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Thank you for your interest in Workforce Development Council Snohomish County

In compliance with the Civil Rights Act of 1964 and 1991, the Age Discrimination in Employment Act of 1967, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all other relevant federal and state laws, the policy of this Organization prohibits discrimination in employment because of race, color religion, national origin, sex, sexual preference, age or disability. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job related disability.

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