



APPLICATION FOR EMPLOYMENT

NAME	LAST	FIRST	MIDDLE
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ARE YOU OVER AGE 18? ☐ YES ☐ NO	ARE YOU ABLE TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? (FORM I-9) ☐ YES ☐ NO	TODAY'S DATE			
DO YOU HAVE A VALID DRIVER'S LICENSE OR OTHER LICENSE, CERTIFICATION, OR REGISTRATION AS APPLICABLE? ☐ YES ☐ NO STATE: _____ LICENSE NUMBER _____ EXPIRES: _____					
EMAIL ADDRESS _____	PHONE _____	DATE AVAILABLE _____			
DAYS you are available to work: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Weekends _____	HOURS you are available to work: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Weekends _____				
POSITION APPLIED FOR _____	SALARY DESIRED _____				
PRESENT ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
FORMER ADDRESS	STREET	CITY	STATE	ZIP	HOW LONG AT THIS ADDRESS?
IN EMERGENCY NOTIFY			EMERGENCY PHONE		

EDUCATION RECORD

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	YR. LEFT SCHOOL	MAJOR MINORS	DEGREE RECEIVED
HIGH SCHOOL						
COLLEGE						
COLLEGE						
OTHER						
OTHER						

LIST ALL EMPLOYERS THAT REQUIRED YOU TO TAKE RANDOM DRUG TESTS.

EMPLOYMENT RECORD: List Last Three Employers –start with most recent job

PREVIOUS EMPLOYERS	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE?
MOST RECENTLY:				
NAME	FROM (DATE)	STARTING WAGE \$ PER	STARTING TITLE	YES
LOCATION	TO (DATE)	ENDING WAGE \$ PER	ENDING TITLE	NO
SUPERVISOR Name: Phone Number: Email:	JOB DUTIES			
	REASON FOR LEAVING			
PRIOR TO THAT:				
NAME	FROM (DATE)	STARTING WAGE \$ PER	STARTING TITLE	YES
LOCATION	TO (DATE)	ENDING WAGE \$ PER	ENDING TITLE	NO
SUPERVISOR Name: Phone Number: Email:	JOB DUTIES			
	REASON FOR LEAVING			

PREVIOUS EMPLOYERS	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE?
PRIOR TO THAT:				
NAME	FROM	STARTING WAGE \$ PER	STARTING TITLE	YES
ADDRESS	TO	ENDING WAGE \$ PER	ENDING TITLE	NO
SUPERVISOR Name: Phone Number: Email:	JOB DUTIES			
	REASON FOR LEAVING			
HAVE YOU EVER WORKED FOR MT. SI SENIOR CENTER BEFORE?				

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN THIRTY DAYS, AND EXPLAIN

MT. SI SENIOR CENTER IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE, OR LOCAL LAW.

EXPERIENCE

DESCRIBE YOUR SKILLS PERTINENT TO THIS POSITION:

RECRUITMENT DATA

PLEASE TELL US HOW YOU LEARNED ABOUT THIS POSITION:

☐ Employee _____ ☐ Website _____
☐ Print Advertisement _____ ☐ Other _____

PERSONAL INFORMATION

IF YOU RECEIVE A CONDITIONAL JOB OFFER OF EMPLOYMENT, MSSC MAY CONDUCT A CRIMINAL BACKGROUND CHECK IN ACCORDANCE WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS. EMPLOYMENT IS CONTINGENT ON SUCCESSFUL COMPLETION OF THE BACKGROUND CHECK. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT A SATISFACTORY CRIMINAL BACKGROUND CHECK IS A CONDITION OF EMPLOYMENT.

IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

U.S. MILITARY SERVICE

BRANCH OF SERVICE

DATE IN

DATE OUT

WHERE SERVED

SPECIALTY

PLEASE ATTACH RESUME IF AVAILABLE

I certify that the information given by me to Mt. Si Senior Center is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered to conflict with Mt. Si Senior Center's interest or those of its clients, nor will I become engaged in such activity or business if employed.

I authorize Mt. Si Senior Center to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Mt. Si Senior Center from any liability for future references it may provide regarding my work history at the agency. I further understand that, in connection with the routine processing of my employment application, Mt. Si Senior Center will perform a complete criminal background investigation and may perform a complete credit check based on the nature of the job and at the company's discretion. Upon written request from me, the company will provide me with additional information concerning the nature and scope of any such report requested as required by the Fair Credit Reporting Act.

In consideration of my employment, I understand that Washington State is an At-Will Employment state and that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Mt. Si Senior Center or myself. I understand that no representative of Mt. Si Senior Center, other than an authorized officer of the agency, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Mt. Si Senior Center advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any agency property, Mt. Si Senior Center is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

I also understand that (1) Mt. Si Senior Center has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such a policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

Printed Name _____

Signature _____

Date _____