



11627 Airport Rd.,
Suite B
Everett WA 98204-8714

Application for Employment

Please Print Your Information

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____/____/____
 Name _____ Telephone Number (____)_____
 Address _____

STREET CITY STATE ZIP

Date available for work..... ____/____/____

Type of employment desired Full Time Part Time Temporary

If you are under 18, and it is required, can you furnish a work permit?..... Yes No

Have you ever been employed here before?..... Yes No

Are you legally eligible for employment in this country? Yes No

Do you consent to a criminal background check? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Drivers license number if driving is an essential job function _____ State _____

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying. _____

Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
HIGH SCHOOL				
COLLEGE		MAJOR	DEGREE	
OTHER				

Business References (please DO NOT list personal friends or relatives)

NAME	TELEPHONE	RELATIONSHIP TO THIS PERSON?
	()	
	()	
	()	

Please explain why you want to work in the position you are applying for. _____

How were you referred to us? _____

Employment History

Provide the following information for the **past ten (10) years of employment or volunteer activities.**
 Attach additional page if more space is required.

From: Mo Yr	To: Mo Yr	Employer	Your Job Title	Telephone ()
Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
From: Mo Yr	To: Mo Yr	Employer	Your Job Title	Telephone ()
Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		
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Immediate Supervisor & Title		Address		
Reason for Leaving		Summarize the Nature of Work Performed and Job Responsibilities		
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I authorize the employer to conduct a criminal history background check. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organization for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law. This application is current for only 60 days at the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law or except as specified otherwise under an applicable collective bargaining agreement. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide a proof of identity and legal work authorization. I represent and agree that I have read and fully understand the above information and seek employment under these conditions.

APPLICANT'S SIGNATURE _____ DATE _____

Senior Services of Snohomish County

EMPLOYEE SELF-IDENTIFICATION FORM

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire, and provide equal opportunity to qualified minoritiesⁱ, womenⁱ, and veteransⁱⁱ. To help us measure how well we are doing, we are asking you to tell us your race, gender, and veteran status.

Completing this form is voluntary, but we hope that you will choose to fill it out. Your answers will be kept private, and will not be used against you in any way. It is our policy to provide equal opportunity to all employees without regard to age, race, ethnicity, color, gender, the presence of a physical, mental or sensory disability, religion, national origin, sexual orientation, military status or any other category protected by local, state, or federal law.

PLEASE PRINT

Your Name

Today's Date

Job Applied For

1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes (Skip to question #3)

No (Go to question #2)

2. What race or races do you consider yourself to be? (Check all that apply)

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa

Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

I do not wish to Self-Identify

3. What is your gender?

Male

Female

I do not wish to Self-Identify

How do I know if I'm a protected veteran?

You are considered to be a protected veteran if one or more of the following categories apply:

Disabled Veterans

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veterans

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veterans

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA:

- I identify as one or more of the classifications of protected veteran listed above.
- I am NOT a protected veteran.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

ⁱ Executive Order 11246, as amended.

ⁱⁱ Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

For more information about the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Supplemental Application for Driving Position

Applicant Information

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

Text	License Number	Type	Endorsement	Date
Driver License:				

Driving Experience and Qualifications

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Start Date	End Date	Approx # of Miles (Total)
Tractor / Semi Trailer / Passenger Van				
School / Transit Bus				
Mini-Bus				
Other:				

Accident Record for Past 3 Years

Attach sheet if more space is needed

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for Past 3 Years

Other than Parking Violations. Attach sheet if more space is needed

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Have you ever had a license, permit, or privilege suspended or revoked? Yes No
- C. Have you worked in a safety sensitive position in the last 2 years? *(A safety sensitive position is one that is subject to random drug/alcohol testing)* Yes No
- D. If your answer is yes to question C, have you refused to take or failed a drug test within that time? Yes No
- E. Have you taken a pre-employment drug test in the last 2 years and not been hired because you did not pass it? Yes No
- If the answer to either A or B is yes, please attach a statement giving full details*

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. *If employed, I agree to make myself available for medical examination and drug and alcohol testing upon request by Senior Services, Community Transit and in accordance with Federal Transit Administration (FTA) regulations and the Americans with Disabilities Act.*

Signature: _____ Date: _____