

**Coastal Community Action Program**

101 E. Market Street \* Aberdeen, WA 98520

**Office** 360/533-5100 **Clients** 1-800-828-4883

**Fax** 360/532-4623 **Website** www.coastalcap.org

**APPLICATION FOR EMPLOYMENT**

|  |  |
| --- | --- |
| Date of Application: |  |

|  |  |
| --- | --- |
| Name (Last, First, MI): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mailing Address: |  | Social Security #: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| City: |  | State: |  | Zip: |  | Telephone #: |  |
|  |  | Email Address: | | | |  | |

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Have you applied with this agency before?  Yes  N *If yes, approximate date*:

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|  |

How were you referred to us:

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

*\*Proof of identity and legal authority to work in the U.S. is a condition of employment*

Do you have a valid WA State Driver’s License?  Yes  No

Are you available for job related travel? *(Ex. Meetings, trainings, etc.)*  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

If yes, please explain *(a conviction will not necessarily disqualify applicant from employment)*:

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Type of Employment Desired:  Full-time  Part-time  Temporary

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| --- | --- | --- | --- |
| Desired Salary: $ |  | Date Available to Start |  |

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| **POSITION DESIRED:** |  |

Specialized training or Skills *(Computer experience, office machines, Typing/WPM, etc. relevant to the desired position):*

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| **SCHOOLS** | | **Name & Address of**  **School or College** | **Dates** | | **Major studies** | **Graduation** | |
| **From** | **To** | **Degree** | **Date** |
| **High**  **School** | |  | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: |  |  | ***Mo***:  ***Yr***: |
|  |
| **College, Trade or Business School** | **1** |  | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: |  |  | ***Mo***:  ***Yr***: |
|  |
| **2** |  | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: |  |  | ***Mo***:  ***Yr***: |
|  |
| **3** |  | ***Mo***:  ***6Yr***: | ***Mo***:  ***Yr***: |  |  | ***Mo***:  ***Yr***: |
|  |

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Veteran of the U.S. Military Service?  Yes  No If yes, Branch & Rank:

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| --- | --- | --- |
| Type of Duty: |  | |
| Please list any specialized training: | |  |

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Activities - List school, civic, volunteer or business activities and office held *(you may exclude those which indicate race, color, religion, sex, disability, age or national origin):*

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Please list any languages with which you are familiar and check all the boxes which best describes your skill level.

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| **Language**: |  | Read  Write  Speak | **Language**: |  | Read  Write  Speak |

REFERENCES In the last column, please check whether person listed is a business or personal reference.

***By placing references here you are giving permission to call those listed for a reference check.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | | **City & Phone** | **Occupation** | **Years**  **Known** | **Type of Reference** |
| **1** |  |  |  |  | Business  Personal |
|  |
| **2** |  |  |  |  | Business  Personal |
|  |
| **3** |  |  |  |  | Business  Personal |
|  |

Please list any relatives or acquaintances working for this agency: *(Name and position)*

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**EMPLOYMENT EXPERIENCE** Give past employment record as completely as possible starting with your most recent employer. For any unemployed or self-employed periods, show dates and locations. A detailed resume may be submitted ***in addition to*** the information contained on this page. ***Former employers may be contacted.***

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| **Employer:** | **Dates Employed** | | **Phone:** |
| **Address**: | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: | **Work Performed**: |
| **Job Title**: | **Hourly Rate/Salary** | |
| **Supervisor**: | **Starting**  $ | **Final**  $ |
| **Reason for Leaving**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** | **Dates Employed** | | **Phone:** |
| **Address**: | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: | **Work Performed**: |
| **Job Title**: | **Hourly Rate/Salary** | |
| **Supervisor**: | **Starting**  $ | **Final**  $ |
| **Reason for Leaving**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** | **Dates Employed** | | **Phone:** |
| **Address**: | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: | **Work Performed**: |
| **Job Title**: | **Hourly Rate/Salary** | |
| **Supervisor**: | **Starting**  $ | **Final**  $ |
| **Reason for Leaving**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer:** | **Dates Employed** | | **Phone:** |
| **Address**: | ***Mo***:  ***Yr***: | ***Mo***:  ***Yr***: | **Work Performed**: |
| **Job Title**: | **Hourly Rate/Salary** | |
| **Supervisor**: | **Starting**  $ | **Final**  $ |
| **Reason for Leaving**: |

*~ Attach additional page(s) if necessary ~*

**Please Read Carefully and Sign Below**

*I hereby certify that the facts set forth in this application for employment are true, correct and complete to the best of my knowledge. I understand that if I am employed, falsified statements or omission of facts on this application shall be considered sufficient cause for dismissal. I understand that my employment is contingent upon proof of identity, verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I understand that my employment is contingent upon the checking of references furnished by me.*

*I understand that this application does not create a contract for employment. I understand and agree that, if hired, my employment is for no definite period of time. I understand also, that I am required to abide by all rules and regulations of the Coastal Community Action Program.*

*I understand and agree with the statements made pertaining to this application. I agree that a photocopy or facsimile of this authorization shall be valid as the original.*

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|  | |
| Applicant’s Signature | Date |

Coastal Community Action Program is an

Affirmative Action and Equal Opportunity Employer.

*CCAP is committed to providing services that are free of all forms of discrimination including any act*

*or omission of an act which would prevent the use of or exclude a person from access to*

*transportation or services based on (but not limited to) race, sex, disability, or religion.*



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**REFERENCE AUTHORIZATION**

To Whom It May Concern;

|  |  |  |
| --- | --- | --- |
| I, |  | , authorize the Coastal Community Action Program |

(CCAP) to contact any/all of my former or present employers for the purpose of verification and reference.

I knowingly and voluntarily release the Coastal Community Action Program (CCAP), its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the agency’s request for an receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the agency requests.

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|  | |
| Printed Name | |
|  | |
|  | |
| Applicant’s Signature | Date |

**NOTE: A photocopy of this information shall be as valid as the original**

**DRIVER APPLICATION SUPPLEMENTAL INFORMATION**

*(1 Page)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver’s License | State | License Number | Type | Expiration Date |
|  |  |  |  |  |

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| **DRIVING EXPERIENCE** | | | | |
| Class of Equipment | Type of Equipment | Dates  From To | | Approximate # of Total Miles |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| **Accident Record For The Past Three (3) Years** *(Attach sheet if additional space is needed)* | | | |
| Dates | Nature of Accidents (Head-on,  Rear-End, Etc…) | Fatalities | Injuries |
|  |  |  |  |
|  |  |  |  |
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Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
  
 Yes  No (If the answer is yes, attach a statement giving full details)

Has any license, permit or privilege ever been suspended or revoked?  
  
 Yes  No (If the answer is yes, attach a statement giving full details)