



RETURN TO:
 PO Box 3344
 Spokane, WA 99220
 Ph 509.532.2000

Employment Application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Manager. **A résumé does not replace any section of this application.**

APPLICATION FOR

Title of Position:	Date of Application:
--------------------	----------------------

APPLICANT INFORMATION

Last Name:	First:	M.I.:
Mailing Address:	City:	State: Zip Code:
Phone number where you can be reached between 8:00 a.m. and 5:00 p.m. on weekdays. () () If necessary, best time to call you is: _____ a.m./p.m.		Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If offered employment, you will be required to provide documentation to verify eligibility.)
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? If yes, please explain:		
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		DL#: Issuing State:

EMPLOYMENT INFORMATION

Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Please explain fully any gaps in your employment history:

WORK AVAILABILITY

Date available for work: ____/____/____ What is your desired salary range: \$	
Will you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Will you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:

CRIMINAL CONVICTION(S) (A non-job related conviction does not necessarily bar you from employment – WAC 162.12.140)

Have you ever been convicted of a felony by a court of law within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Date(s) of conviction(s):
---	---------------------------

EDUCATION

Circle highest grade completed: 8 9 10 11 12 GED <input type="checkbox"/>		College 1 2 3 4		Grad Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	Location of School	Grade Completed or Degree	Subject Studied or Major	Degrees (BA/BS, AA/AAS)

EMPLOYMENT HISTORY

List your most recent employment first. List all experience, paid and voluntary, and any job-related military service assignments. Failure to provide all information required may result in rejection of application. **A résumé does not replace any section of this application.**

Company Name:	Dates Employed (Mo/Day/Yr) From: ____/____/____ To: ____/____/____ Starting Salary: \$_____ Final Salary: \$_____	Job Title:	No. Employees Supervised:
Address:		Specify Duties:	
Phone:			
Supervisor's Name & Title:			
Exact Reason for Leaving:			
May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name:	Dates Employed (Mo/Day/Yr) From: ____/____/____ To: ____/____/____ Starting Salary: \$_____ Final Salary: \$_____	Job Title:	No. Employees Supervised:
Address:		Specify Duties:	
Phone:			
Supervisor's Name & Title:			
Exact Reason for Leaving:			
May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name:	Dates Employed (Mo/Day/Yr) From: ____/____/____ To: ____/____/____ Starting Salary: \$_____ Final Salary: \$_____	Job Title:	No. Employees Supervised:
Address:		Specify Duties:	
Phone:			
Supervisor's Name & Title:			
Exact Reason for Leaving:			
May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name:	Dates Employed (Mo/Day/Yr) From: ____/____/____ To: ____/____/____ Starting Salary: \$_____ Final Salary: \$_____	Job Title:	No. Employees Supervised:
Address:		Specify Duties:	
Phone:			
Supervisor's Name & Title:			
Exact Reason for Leaving:			
May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List further job duties and employment history on additional sheets using application format.

OFFICE SKILLS:

Excel Access MSWord Other _____

Please List All Licenses and Certifications (Please include License # and issuing state)

REFERENCES List name and telephone number of three business/work references that are *not related to you*.

Name:	Telephone:	Number of Years Known:
Name:	Telephone:	Number of Years Known:
Name:	Telephone:	Number of Years Known:

ADDITIONAL INFORMATION (You may include any comments that may show further qualifications for this position.)

APPLICANT STATEMENT:

I certify that all information I have provided in this application and in any attachments in order to apply for and secure work with YFA CONNECTIONS is true, complete and correct. I understand that false, incomplete or misrepresented statements will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I release YFA CONNECTIONS, all employers, and all references from any and all liability of damages for receiving or releasing information. I understand that YFA CONNECTIONS does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from YFA CONNECTIONS and still wish to be considered for employment, it will be necessary to reapply and 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 YFA CONNECTIONS 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. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no supervisor or representative of YFA CONNECTIONS is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are written and signed by YFA CONNECTIONS' CEO.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If a conditional job offer is made, I agree to undergo job-related background checks and perform a U.A. and understand that employment is contingent upon meeting YFA CONNECTIONS' job-related background checks and passing a U.A.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date