

Fort Worden Lifelong Learning Public Development Authority

Application for Employment

Applicant Information									
Full Name:				Date:					
	Last	First		M.I.					
Address:									
	Street Address			Apartment/Unit #					
	City			State ZIP Code					
Phone:				Email					
Date Available:			_	Desired Income:					
Position App	olied for:								
Are you a ci	tizen of the United States?	YES	NO	YES NO If no, are you authorized to work in the U.S.?					
Have you ev	ver worked for this company?	YES	NO	If yes, when?					
Have you ev	ver been convicted of a felony?	YES	NO						
				and Signature					
-	t my answers are true and com	•		•					
"If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release." Initials									
"I authorize the company to request an investigative report from a background checking agency concerning my social security number, motor vehicle operation history, criminal history and other information to the extent permitted by law from appropriate local, state and federal agencies and other available public records." Initials									
	-			ment, nor engage in other activities that create a conflict of n permission in writing by the company."					
				Initials					
if any, and application hiring decis	further authorize any person, s form to provide the company w	chool, c ith reco m all lia	current ords, in bility f	d in this application and any accompanying documentation, it or past employer(s) and organizations named in this information and opinions that may be useful in making a for damage that may result from furnishing information and ou."					
Signature:				Date:					

If you are including a resume complete with educational background and employment history, you do not need to complete this portion of the application.

Previous Employment									
۸ ما ماسم م.م.		Phone:							
	Starting S								
From:	To:								
May we contact yo	our previous supervisor for a reference?	YES	NO						
_									
				Phone:Supervisor:					
Job Title:	Starting S	Ending Salary: <u>\$</u>							
Responsibilities:									
From:	To:	Reason for Leaving:							
May we contact yo	our previous supervisor for a reference?	YES	NO 🗆						
Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting S	Ending Salary:							
Responsibilities:									
From:	To:	Reason f							
May we contact yo	our previous supervisor for a reference?	YES	NO						

Education									
High School:	Address:_								
From: To: Did you gr		YES	NO	Diploma::					
College:	Address:_								
From: To: Did you gi	raduate?	YES	NO	Degree:					
Other:	Address:_								
From: To: Did you gr	raduate?	YES	NO	Degree:					
N	Military S	Servic	е						
Branch:				From:	To:				
Rank at Discharge:	charge:								
If other than honorable, explain:									
	Refere	nces	-						
Please list three professional references.									
Full Name:				Relationship:					
Company:									
Address:									
Full Name:				Relationship:					
Company:									
Address:									
Full Name:				Relationship:					
Company:									
Address:									