



# HUMAN SERVICES COUNCIL APPLICATION FOR EMPLOYMENT

120 NE 136<sup>th</sup> Avenue  
Suite 215  
Vancouver, WA 98684  
(360) 694-6577

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State/Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Message Phone: \_\_\_\_\_

## REFERENCES

List three persons who know your on-the-job performance: *(At least one should be a present or former direct supervisor.)*

1.	Name	Address/Phone Number	Relationship	Years Known
2.	Name	Address/Phone Number	Relationship	Years Known
3.	Name	Address/Phone Number	Relationship	Years Known

List the names of relatives employed at the Human Services Council: \_\_\_\_\_

How did you hear of this position? \_\_\_\_\_

## UNITED STATES EMPLOYMENT STATUS

Are you a US citizen, or are you eligible for lawful employment in the US?  Yes  No

*(If selected for the position, documentation of Washington State residency and that you are a United States citizen, or alien lawfully authorized to work in the United States, will be required to establish your identify and work authorization in accordance with the employer's obligation under the Immigration and Control Act of 1986.)*

## EDUCATION / SKILLS

Circle highest grade completed: 8 9 10 11 12 College: 1 2 3 4 Post Graduate: Masters Doctorate

High School Diploma:  Yes  No College Major(s): \_\_\_\_\_

Highest college degree(s) received: \_\_\_\_\_

Name and address of college attended (or college from which degree(s) were received):  
\_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_

Professional license(s): \_\_\_\_\_

Specialized training, apprenticeship, or skills: \_\_\_\_\_

*If hired, a copy of your college degree may be required to verify qualifications for the position.*

## EMPLOYMENT HISTORY

List last employer first. Account for all periods of employment or unemployment in the past five years including time spent in the military service, school, or unemployment. Failure to account for all time in the past five years may lead to disqualification or dismissal. Attach additional sheets if necessary.

**PRESENT EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Hire date: \_\_\_\_\_ Current rate of pay: \$ \_\_\_\_\_ May we contact your present employer?  Yes  No

**EMPLOYMENT HISTORY, *continued***

**FORMER EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Final rate of pay: \$ \_\_\_\_\_ May we contact your previous employer?  Yes  No

Name on employment record, if different \_\_\_\_\_

**FORMER EMPLOYER:** \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Final rate of pay: \$ \_\_\_\_\_ May we contact your previous employer?  Yes  No

Name on employment record, if different \_\_\_\_\_

**CRIMINAL ARREST OR CONVICTION HISTORY**

The Human Services Council wishes to inquire about all prior criminal convictions. However, please be advised that previous convictions for the commission of a crime(s) will only be considered in relation to the job for which you are applying and will only be one factor among many considered with your application. A conviction record will not necessarily bar you from employment with the Human Services Council. Have you had any prior convictions?  Yes  No

If yes, please answer the following regarding the crime(s) for which you have been convicted:

1. State the crime(s): \_\_\_\_\_
2. State date of conviction(s): \_\_\_\_\_
3. List the state, city and county of conviction(s): \_\_\_\_\_
4. Please make any other comments you feel are relevant to the conviction(s): \_\_\_\_\_

You may be required to complete a Washington State Patrol, Criminal Background Inquiry Application. You may also be required to be fingerprinted for an inter-state background inquiry if you have not been a Washington State resident for three years.

*By signing this application, I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and release any employer, person, firm or corporation identified from any and all liability by reason of furnishing the requested information. I acknowledge my awareness that false statements or failures to disclose information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal.*

*I understand that this application is not an employment contract and that by signing this application, I acknowledge that I understand and agree to all provisions outlined herein.*

*I understand the employment at the Human Services Council is "at will," which means that either I or the Human Services Council can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*