



711 State Ave. NE, 3<sup>rd</sup> Floor  
 Olympia, WA 98506

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Contact for interview
<input type="checkbox"/>	Doesn't meet minimum requirements
<input type="checkbox"/>	More qualified applicants

In compliance with federal and state equal opportunity guidelines, qualified applicants are considered for employment without regard to race, creed, color, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

1. Print or Type all entries. Answer all questions. Notify us immediately of any change in your telephone number or address.
2. Applications will be screened and interviews set up by the agency. Persons selected for interviews will be called or otherwise notified as soon as possible.

POSITION APPLIED FOR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SEC.#: \_\_\_\_\_  
LAST FIRST MIDDLE OPTIONAL BEFORE HIRE

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME/MESSAGE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**EDUCATION**

NAME OF HIGH SCHOOL ATTENDED		DID YOU GRADUATE?				DO YOU HAVE A GED?	
		YES		NO		YES	NO
COLLEGE - Name and Address of Colleges or Universities	MAJOR	FULL YEARS COMPLETED				DEGREES CONFERRED TITLE	
		1	2	3	4		
		1	2	3	4		
		1	2	3	4		
		1	2	3	4		
		1	2	3	4		
LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS	CREDIT HOURS	LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS				CREDIT HOURS	
LIST ANY VOCATIONAL OR ON-THE-JOB TRAINING YOU HAVE COMPLETED WHICH WOULD BE USEFUL IN THE POSITION YOU ARE APPLYING FOR:	TRAINING COURSES	Dates Attended		Full Months or Years Completed			
		From	To				
LIST ANY SPECIAL LICENSES YOU HOLD WHICH ARE NECESSARY OR USEFUL IN THIS POSITION. GIVE KIND OF LICENSE, ISSUING STATE AND EXPIRATION DATE.							

NAME (Last, First, Middle)	EXACT TITLE OF JOB APPLYING FOR:	
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**RECORD PREVIOUS EMPLOYMENT BELOW**

Employed by:	Telephone No:		
Address:		FROM: (month, year)	
Your Title:			
Specific Duties:		TO: (month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone No:		
Address:		FROM: (month, year)	
Your Title:			
Specific Duties:		TO: (month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone No:		
Address:		FROM: (month, year)	
Your Title:			
Specific Duties:		TO: (month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	
Employed by:	Telephone No:		
Address:		FROM: (month, year)	
Your Title:			
Specific Duties:		TO: (month, year)	
		Total Time Employed	
		Hours Per Week	
		Last Salary	
Reason for Leaving:	No. Employees Supervised:	Immediate Supervisor	

## WORK SKILLS

If applying for office jobs, list office equipment or machines operated:

Typing speed \_\_\_\_\_ Shorthand speed \_\_\_\_\_ Dictaphone \_\_\_\_\_ Calculator \_\_\_\_\_

List computer software you are proficient with:

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Summarize any other skills, operation of special machinery, or abilities (including those gained through hobbies or volunteer work) which you believe relate to the position for which you are applying. (You may omit those that indicate race, religion, ancestry, sex, age, marital status, or the existence of a disability.)

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## GENERAL

Will you accept part time or temporary employment: Yes      No

Can you provide proof of citizenship, visa or alien registration number after employment? Yes      No

**Note: Proof of identity & legal authority to work in the US is a condition of employment.**

A valid driver's license is required only where so stated. If applicable, do you possess or can you obtain a Washington State Driver's license? Yes      No

Have you been convicted of a felony that would tend to have a direct bearing on this position? Yes      No

**NOTE: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job.**

If YES, please explain:

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I hereby certify all information provided by me on this employment application and all other information provided by me in the course of applying for employment at Community Youth Services is truthful and accurate understand that if any information provided by me is found to be false, untruthful or misleading, that such will be cause for immediate rejection of my application for employment. I also understand that if I am hired as an employee of Community Youth Services and at anytime thereafter it is discovered that any information provided by me is found to be false, untruthful or misleading, I will be subject to termination of employment.

Notwithstanding the above, I also understand that if I am offered employment and accept employment at Community Youth Services my employment will be employment "at will", which may be terminated by myself or by Community Youth Services with or without notice and with or without cause.

Furthermore, I understand that no employee or representative of CYS, other than the Executive Director, has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the employment "at will" statement.

My signature below authorizes all previous employers to furnish to Community Youth Services my record, reason for leaving and all information they may have concerning me and I hereby release them and Community Youth Services from all liability or any damage whatsoever arising therefrom. I authorize investigation of all statements in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### REFERENCES

Please give three (3) work-related references. Include name, address and phone number for each reference.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**APPLICANT: Do not write in this area**

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