

Office of Rural and Farmworker Housing  
1400 Summitview Avenue, #203  
Yakima, WA 98902 (509) 248-7014

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

## Position

Applied For: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Last First M.I.

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street City State Zip

Are you at least 18 years of age? ☐ Yes ☐ No

Are you a U.S. Citizen or legally authorized to work in the U.S.? ☐ Yes ☐ No

Date you are able to start work: \_\_\_\_\_

May we contact your current employer? ☐ Yes ☐ No

Are you on layoff status or subject to recall elsewhere? ☐ Yes ☐ No

Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

If hired, how long do you plan to continue working for the company? \_\_\_\_\_

Do you wish to work: ☐ Full-time ☐ Part-time  
☐ Temporary

Are you willing and available to work?  
☐ Days ☐ Evenings ☐ Nights  
☐ Overtime ☐ Weekends ☐ Holidays

If applying for a job that requires one, do you have a valid driver's license? ☐ Yes ☐ No

Have you been convicted of a felony or misdemeanor? \* ☐ Yes ☐ No

If so, explain \_\_\_\_\_

\_\_\_\_\_

\* A "yes" answer will not necessarily bar applicant from employment.

Have you previously applied with us? ☐ Yes ☐ No

When \_\_\_\_\_

Have you previously worked with us? ☐ Yes ☐ No

When \_\_\_\_\_

Are any of your records under a different name? ☐ Yes ☐ No

If so, what name \_\_\_\_\_

Do you have any relatives working for us? ☐ Yes ☐ No

If so, who? \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

| EDUCATION/<br>TRAINING   | Name and Location of School | Did You<br>Graduate? | Subjects Studied |
|--|-----------------------------|----------------------|------------------|
| High School  |                             |                      |                  |
| College  |                             |                      |                  |
| Other Training<br>(particularly that led to<br>license or certification) |                             |                      |                  |

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

## SKILLS / ABILITIES:

List any equipment and/or software you are skilled in using: \_\_\_\_\_

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: \_\_\_\_\_

(continued)

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## JOB REQUIREMENTS

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Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

☐ Yes      ☐ No

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## PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

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### Present or Last Employer:

Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

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### Previous Employer:

Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

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### Previous Employer:

Address: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

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## PERSONAL REFERENCE

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Name: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

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

Occupation: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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## PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

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1. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
2. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
3. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the Executive Director, has authority to enter into any agreement contrary to the foregoing.
4. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_