

201 NE 73rd Street Suite 101 Vancouver, WA 98665 (360) 694-6577

Position applied for:	tion applied for: Dat	
Name:	First	Middle
Address:		
Street Phone: E-mail:	City Message Phone:	State/Zip
DEF		
	FERENCES	
List three persons who know your on-the-job performance: (At k	east one should be a present or tormer direct supe	ervisor.)
1Name Address//Phone Number	Relationship	Years Known
2. Name Address//Phone Number	Relationship	Years Known
3Name Address//Phone Number	Relationship	Years Known
	·	
List the names of relatives employed at the Human Services Co		
How did you hear of this position?		
UNITED STATES	EMPLOYMENT STATUS	
Are you a US citizen, or are you eligible for lawful employment i		
		en lawfully authorized to work in
(If selected for the position, documentation of Washington State resider the United States, will be required to establish your identify and work at and Control Act of 1986.)	uthorization in accordance with the employer's obli	gation under the Immigration
EDUCA	TION / SKILLS	
	ollege: 1 2 3 4 Post Gradua	te: Masters Doctorate
Highest college degree(s) received:		
Name and address of college attended (or college from which d		
		to
Professional license(s):		
Specialized training, apprenticeship, or skills:		
	ay be required to verify qualifications for the positio	
EMPLOY	MENT HISTORY	
List last employer first. Account for all periods of employment of service, school, or unemployment. Failure to account for all time additional sheets if necessary.	or unemployment in the past five years includ the in the past five years may lead to disqualifi	ing time spent in the militar ication or dismissal. Attach
PRESENT EMPLOYER:		
Address:		
Job Title:		
Brief description of duties:		
Supervisor:	Phone No.:	
Reason for leaving:		
Hire date: Current rate of pay: \$		□ Yes □ No
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EMPLOYMENT HISTORY, continued			
FORMER EMPLOYER:			
Address:			
Job Title:			
Brief description of duties:			
Supervisor:		Phone No.:	
Reason for leaving:			
		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:			
		May we contact your previous employer? ☐ Yes	□ No
Name on employment record, if different			
The Human Services Council wishes to inc	 s) will only be considered in repolication. A conviction record 	NVICTION HISTORY nvictions. However, please be advised that previous ation to the job for which you are applying and will only a will not necessarily bar you from employment with the No	y be one e Human
If yes, please answer the following regarding	ng the crime(s) for which you h	ave been convicted:	
1. State the crime(s):			
2. State date of conviction(s):			
3. List the state, city and county of c	onviction(s):		
4. Please make any other comments	s you feel are relevant to the c	onviction(s):	
You may be required to complete a Washington an inter-state background inquiry if you have not	State Patrol, Criminal Background t been a Washington State resider	I Inquiry Application. You may also be required to be fingerp at for three years.	rinted for
investigation of all statements contained in identified from any and all liability by reaso	this application for employme in of furnishing the requested i	d complete to the best of my knowledge. I authorize nt and release any employer, person, firm or corporation of ormation. I acknowledge my awareness that false ify me for employment, or, if employed, may result in r	
I understand that this application is not an and agree to all provisions outlined herein.		by signing this application, I acknowledge that I under	stand
		which means that either I or the Human Services Cour otice, and for any reason not prohibited by statute. Al	
Signature		 Date	
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