



**WHATCOM**  
**Council on Aging**

**EMPLOYMENT APPLICATION**

315 Halleck Street  
Bellingham, WA 98225  
360-733-4030

Position applying for:

*Whatcom Council on Aging is an Equal Opportunity Employer and Drug Free Workplace*

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Best Contact Number	Email address	

Do you have the legal right to work in the U.S.?  Yes  No  
*Note: All employment offers are contingent upon proof of eligibility to work in the U.S.*

Are you available to work:  Full-time  Part-time  Temporary

Please list the hours and days of the week you are available?

Have you ever been dismissed, discharged, fired or asked to resign from a position?  Yes  No  
 If yes, please explain.

<b>Education</b>			
Type of School	School & Location	Circle Yrs Completed	Degree/Certificate (Year higher level degree earned for verification purposes)
High School		9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> GED	
College or University		1 2 3 4	
Graduate School		1 2 3 4	
Business or Tech. School		1 2 3 4	
Other Relevant Training or courses			

<b>License/Registration/Certificate</b>			
Description	State	Number	Expiration

## Work History

**Begin with your most recent experience.** List all jobs separately (including military) and identify gaps in employment. Attach additional copies of the work history if you have not accounted for eight years of your employment history. **A résumé will not substitute for the information required in this section.**

Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

If employment was under different name, indicate name:

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUPERVISOR'S PHONE #:

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUPERVISOR'S PHONE #:

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUPERVISOR'S PHONE #:

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		SUPERVISOR'S PHONE #:

**ADDITIONAL EXPERIENCE (volunteer, internship, etc.):**

### Application Release

- *To the best of my knowledge, the information herein is true and complete. I understand that providing false information on my application or during the hiring process will be grounds for elimination from further consideration or, if employed, for dismissal at any time.*
- *I understand that I will be required to provide documentation showing authorization to work in the United States.*
- *I understand that a criminal background check may be required prior to starting employment.*
- *I understand that employees are considered at-will, meaning the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.*
- *I hereby authorize the company or its agents to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information. I authorize all previous employers to furnish the company or its agents with any and all such information as described above that they may have regarding my employment and reason for leaving. I release all parties and persons connected with any such request for information or the furnishing of such information from all claims, liabilities and damages for any reason arising out of the request. If employed, I release the company from any liability for future references the company may provide regarding my work history.*

<b>Signature:</b>		<b>Date:</b>	
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*(Typed name is sufficient for signature.)*