



EMPLOYMENT APPLICATION

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION USING DARK INK ONLY. APPLICATION SHOULD BE FILLED OUT IN ITS ENTIRETY. AN INCOMPLETE APPLICATION MAY DISQUALIFY YOU FROM FURTHER CONSIDERATION.

GENERAL INFORMATION					
Position Applying for:					
Last Name		First Name		Middle Initial	
Address		City		State	Zip + Four
Home Phone		Work Phone		Cell Phone	Home Secondary
Washington State labor laws restrict some employment from persons under 18 years old. Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will you accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary			Shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Evening		
Will you accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			<input type="checkbox"/> Night <input type="checkbox"/> Weekend		
Within the last 10 years, have you been convicted of a crime, pled no contest, forfeited bond or bail for any crime other than traffic violations, or been released from prison? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, explain below.</i>					
<i>(A conviction record will not necessarily bar you from employment.)</i>					
EDUCATION					
Name of college, university, vocational school	Major	Full Years Completed	Degree Received Yes / No		Credit Hours
Indicate any other trades, skills or licenses you possess related to the position. Include licensing state and expiration date.					



Materials can be provided in alternative formats by contacting the Southwest Washington Regional Transportation Council at 564-397-6067 or info@rtc.wa.gov.

EMPLOYMENT HISTORY

List your applicable work experience, starting with most recent first, including self-employment, military service and volunteer work.

MOST RECENT POSITION

Employer:

Dates Employed:

From To

Address:

___/___ ___/___

Position:

No. of employees you supervised:

mm yy mm yy

Supervisor:

Phone:

Specific Duties:

Hours per Week: _____

May we contact your current employer?

Yes [] No []

Reason for leaving or considering change:

OTHER EXPERIENCE

Employer:

Dates Employed:

From To

Address:

___/___ ___/___

Position:

No. of employees you supervised:

mm yy mm yy

Supervisor:

Phone:

Specific Duties:

Hours per Week: _____

Reason for leaving or considering change:

OTHER EXPERIENCE

Employer:

Dates Employed:

From To

Address:

___/___ ___/___

Position:

No. of employees you supervised:

mm yy mm yy

Supervisor:

Phone:

Specific Duties:

Hours per Week: _____

Reason for leaving or considering change:

Attach additional sheets if necessary to include all work history.

Be as complete as possible in outlining the duties of each position.

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I authorize the investigation of any or all statements contained in this application. I also authorize any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from consideration or I may be discharged from my employment.

I hereby release any such current or former employers or institutions, their agents or employees from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I understand that this application is not intended to be a contract of employment. Employment for RTC positions is "at will." This means that either party can terminate the employment relationship at any time, with or without cause or advance notice.

Signature of Applicant

Date