



Coastal Community Action Program
117 E. Third Street * Aberdeen, WA 98520
Office 360/533-5100 Clients 1-800-828-4883
Fax 360/532-4623 Website www.coastalcap.org

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Name (Last, First, MI): _____

Mailing Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

Email Address: _____

Have you applied with this agency before? [] Yes [] N If yes, approximate date: _____

How were you referred to us: _____

Are you legally eligible for employment in this country? [] Yes [] No

*Proof of identity and legal authority to work in the U.S. is a condition of employment

Do you have a valid WA State Driver's License? [] Yes [] No

Are you available for job related travel? (Ex. Meetings, trainings, etc.) [] Yes [] No

Have you been convicted of a felony within the last 7 years? [] Yes [] No

If yes, please explain (a conviction will not necessarily disqualify applicant from employment):

Type of Employment Desired: [] Full-time [] Part-time [] Temporary

Desired Salary: \$ _____

Date Available to Start _____

POSITION DESIRED: _____

Specialized training or Skills (Computer experience, office machines, Typing/WPM, etc. relevant to the desired position):

SCHOOLS	Name & Address of School or College	Dates		Major studies	Graduation	
		From	To		Degree	Date
High School		Mo:	Mo:			Mo:
		Yr:	Yr:			Yr:
College, Trade or Business School	1	Mo:	Mo:			Mo:
		Yr:	Yr:			Yr:
	2	Mo:	Mo:			Mo:
		Yr:	Yr:			Yr:
	3	Mo:	Mo:			Mo:
		6Yr:	Yr:			Yr:

Veteran of the U.S. Military Service? Yes No If yes, Branch & Rank: _____

Type of Duty: _____

Please list any specialized training: _____

Activities - List school, civic, volunteer or business activities and office held (you may exclude those which indicate race, color, religion, sex, disability, age or national origin): _____

Please list any languages with which you are familiar and check all the boxes which best describes your skill level.

Language: Read Write Speak Language: Read Write Speak

REFERENCES In the last column, please check whether person listed is a business or personal reference. **By placing references here you are giving permission to call those listed for a reference check.**

Name	City & Phone	Occupation	Years Known	Type of Reference
1				<input type="checkbox"/> Business
				<input type="checkbox"/> Personal
2				<input type="checkbox"/> Business
				<input type="checkbox"/> Personal
3				<input type="checkbox"/> Business
				<input type="checkbox"/> Personal

Please list any relatives or acquaintances working for this agency: (Name and position) _____

EMPLOYMENT EXPERIENCE Give past employment record as completely as possible starting with your most recent employer. For any unemployed or self-employed periods, show dates and locations. A detailed resume may be submitted **in addition to** the information contained on this page. **Former employers may be contacted.**

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

~ Attach additional page(s) if necessary ~

Please Read Carefully and Sign Below

I hereby certify that the facts set forth in this application for employment are true, correct and complete to the best of my knowledge. I understand that if I am employed, falsified statements or omission of facts on this application shall be considered sufficient cause for dismissal. I understand that my employment is contingent upon proof of identity, verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I understand that my employment is contingent upon the checking of references furnished by me.

I understand that this application does not create a contract for employment. I understand and agree that, if hired, my employment is for no definite period of time. I understand also, that I am required to abide by all rules and regulations of the Coastal Community Action Program.

I understand and agree with the statements made pertaining to this application. I agree that a photocopy or facsimile of this authorization shall be valid as the original.

Applicant's Signature

Date

***Coastal Community Action Program is an
Affirmative Action and Equal Opportunity Employer.***

CCAP is committed to providing services that are free of all forms of discrimination including any act or omission of an act which would prevent the use of or exclude a person from access to transportation or services based on (but not limited to) race, sex, disability, or religion.



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REFERENCE AUTHORIZATION

To Whom It May Concern;

I, _____, authorize the Coastal Community Action Program (CCAP) to contact any/all of my former or present employers for the purpose of verification and reference.

I knowingly and voluntarily release the Coastal Community Action Program (CCAP), its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the agency's request for an receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the agency requests.

Printed Name

Applicant's Signature

Date

NOTE: A photocopy of this information shall be as valid as the original

DRIVER APPLICATION SUPPLEMENTAL INFORMATION

(1 Page)

Driver's License	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment	Dates		Approximate # of Total Miles
		From	To	

Accident Record For The Past Three (3) Years <i>(Attach sheet if additional space is needed)</i>			
Dates	Nature of Accidents (Head-on, Rear-End, Etc...)	Fatalities	Injuries

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No (If the answer is yes, attach a statement giving full details)

Has any license, permit or privilege ever been suspended or revoked?

Yes No (If the answer is yes, attach a statement giving full details)