

EMPLOYMENT APPLICATION

The Pierce County AIDS Foundation an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law

POSITION(S) APPLIED FOR	E-MAIL ADDRESS	APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE ZIP
TELEPHONE ()	EMPLOYMENT TYPE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	DRIVERS LICENSE NO. (IF APPLICABLE)*
DATE AVAILABLE FOR WORK		

Were you previously employed by this organization? Yes, Date(s) _____ Department/Position _____ No

List any relatives or friends working for this organization	name	relationship
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE – LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING
FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES	REASON FOR LEAVING

May we contact the above employers? Yes No if "No", indicate which one(s) you do not wish us to contact.

*applicable only if position for which you have applied may require driving a motor vehicle

SPECIAL SKILLS AND QUALIFICATIONS- AND/OR EXPERIENCE AND ABILITIES RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED

EDUCATION

SCHOOL	LOCATION	No. of years completed	Did you Graduate?	Major course of study
HIGH SCHOOL				
COLLEGE				
OTHER				

THREE REFERENCES-ONE BEING A CURRENT OR FORMER SUPERVISOR

NAME AND ADDRESS	RELATIONSHIP	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) Yes No

If "yes" please explain and describe in full detail: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes No

APPLICANT'S CERTIFICATION—PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize Pierce County AIDS Foundation, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors (unless noted on previous page) to secure information concerning my skills, character and ability.

APPLICANT'S SIGNATURE	DATE
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