



Take charge, make CHANGE

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Tacoma, Washington 98402
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EMPLOYMENT APPLICATION

Name Last: First: M.I.: Home Phone: Cell Phone: Address: City: St: Zip Code: Email: Previous Names: Previous Address: Previous Address: Position applying for:

1). Do you possess a valid Driver's License? Driver's License #:
2). Do you possess current Vehicle Insurance?
3). Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? If yes, give the law enforcement authority (city police, F.B.I., sheriff, etc.), the offense, date of offense, place and disposition of case.

Training and Education:

Have you received a high school diploma or equivalency? Yes No
(Date received):
If No, then list the highest grade and date completed:
Table with 5 columns: Business, Vocational Schools, Colleges & Universities Attended, Dates Attended (Month/Year), Did you Graduate? Yes / No, Title of Program, Type of Degree

Technology:

Please rate your level of proficiency with general office equipment. (Low) 1 2 3 4 5 6 7 8 9 10 (High)	
Do you have at least 1 year of experience with computers?	Y/N
Typing Speed: _____ WPM	
List the computer systems/programs that you are familiar with.	
1)	
2)	
3)	
4)	

Work History:

Employer/Company Name:		Kind of Business:	
Street Address:		Your Official Job Title:	
City and State:	Telephone Number:	Beginning Salary:	Ending Salary:
Dates of Employment:	Average Hours Worked per week:	Reason for Leaving:	Number of Employees you Supervised:
Name/Title and Phone Number of Your Supervisor:			
List Major Duties: _____			

Work History (cont.):

Employer/Company Name:		Kind of Business:	
Street Address:		Your Official Job Title:	
City and State:	Telephone Number:	Beginning Salary:	Ending Salary:
Dates of Employment:	Average Hours Worked per week:	Reason for Leaving:	Number of Employees you Supervised:

Name/Title and Phone Number of Your Supervisor:
List Major Duties: _____

Employer/Company Name:		Kind of Business:	
Street Address:		Your Official Job Title:	
City and State:	Telephone Number:	Beginning Salary:	Ending Salary:
Dates of Employment:	Average Hours Worked per week:	Reason for Leaving:	Number of Employees you Supervised:
Name/Title and Phone Number of Your Supervisor:			
List Major Duties: _____			

Volunteer History:

Name of Organization:		Kind of Business:	
Street Address:		Your Position/Title:	
City and State:	Telephone Number:	Dates of Volunteer Work:	Average Hours Per Week:

Name/Title of Supervisor:	Phone Number of Supervisor:	Number of Volunteers you Supervised:
List Major Duties: _____		

Name of Organization:		Kind of Business:	
Street Address:		Your Position/Title:	
City and State:	Telephone Number:	Dates of Volunteer Work:	Average Hours Per Week:
Name/Title of Supervisor:	Phone Number of Supervisor:	Number of Volunteers you Supervised:	
List Major Duties: _____			

Professional References (please list at least three below):

Name	Company	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authority to release information: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies and other individuals and agencies to duly accredited investigators, human resource staff and other authorized employees for the purpose of determining my eligibility and suitability for employment.

I certify that any and all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected.

I HAVE READ THE STATEMENTS ABOVE CAREFULLY BEFORE SIGNING THIS APPLICATION:

Signature of Applicant:	Date of Birth:
Date:	(For Verification)