

JOB APPLICATION

Lewis County Seniors Non-Profit Organization
2545 N National Ave, Chehalis, Washington 98532
360-748-0061



Lewis County Seniors Non-Profit Organization is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the organization's Executive Director for assistance.

Please fill out all of the sections below:

Date of Application: _____

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? Website Advertisement Friend

What days are you available for work? Any Week Days Only Weekends Only

What hours or shift are you available for work? Days Evenings Swing

If needed, are you available to work overtime? Yes No

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? Yes No

Personal Information

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Lewis County Seniors Non-Profit Organization complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School _____ Diploma/GED? Yes No Year _____

Name Location (City, State) Year Graduated College/University: Degree? Yes No
Year(s) Attended _____

Name Location (City, State) Year Graduated Degree Earned Vocational School/Specialized Training

Military:

Are you a member of the Armed Services? Yes No Date of Discharge: _____

What branch of the military did you enlist? _____

Previous Employment

Employer Name: _____ May we contact? Yes No

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, _____ State _____ Zip Code: _____ Phone _____

Dates Employed: _____ Reason for leaving: _____

Job Duties: _____

Employer Name: _____ May we contact? Yes No
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, _____ State _____ Zip Code: _____ Phone _____
Dates Employed: _____ Reason for leaving: _____
Job Duties: _____

Employer Name: _____ May we contact? Yes No
Job Title: _____
Supervisor Name: _____
Employer Address: _____
City, _____ State _____ Zip Code: _____ Phone _____
Dates Employed: _____ Reason for leaving: _____
Job Duties: _____

References

Please provide 3 personal and professional reference(s) below:

Reference Contact Information:

Reference #1 _____
Phone: _____

Reference #1 _____
Phone: _____

Reference #1 _____
Phone: _____

AT-WILL EMPLOYMENT

The relationship between you and the Lewis County Seniors Non-Profit Organization is referred to as "employment at will." This means that you or the Lewis County Seniors Non-Profit Organization can terminate your employment at any time for any reason, with or without cause, with or without notice. No representative of Lewis County Seniors Non-Profit Organization has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either the Executive Director or a Human Resource Committee member.

Applicant Signature: _____ Dated: _____