



956 SOUTH MAIN, SUITE A, COLVILLE, WA. 99114-2310, (509) 684-8421

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## APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate on the basis of race, religion, color, gender, pregnancy, age (including those over 40), national origin (including ancestry), ethnicity, citizenship, sex, physical or mental divisibility ( as defined in the federal Americans with Disabilities Act), marital status, veteran status, familial status, sexual orientation, genetic information, or any other characteristics protected by applicable federal or state law. Auxiliary aids and services are available upon request to persons with disabilities.

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Each question should be fully and accurately answered. Use blank paper if you do not have enough room on this application. **PLEASE TYPE OR PRINT**, except for your signature on the last page of the application. In reading and answering the following questions, be aware none of the questions are intended to imply illegal preferences of discrimination based upon non job-related information.

JOB TITLE OF POSITION APPLIED FOR: \_\_\_\_\_

LOCATION OF THE POSITION: \_\_\_\_\_

**NOTE:** Successful applicants for employment may be required as a condition of employment, to successfully complete a criminal history background check, a pre-employment check with the Bureau of Motor Vehicles, pre-employment breath alcohol and drug testing, and/or a medical examination to establish their fitness to perform the essential functions of the position for which they have applied.

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1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First) (Middle) (Last)

2. ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. HOME TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 4. MESSAGE TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. E-MAIL ADDRESS \_\_\_\_\_

6. SOCIAL SECURITY # (*optional*): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. ARE YOU WILLING TO TRAVEL AS THE JOB MAY REQUIRE? \_\_\_\_\_  
(Yes) (No)

8. IF THE POSITION YOU ARE APPLYING FOR REQUIRES THE USE OF A VEHICLE, DO YOU HAVE ACCESS TO RELIABLE TRANSPORTATION?

(Please complete Questions 9, 9.1, 9.2, and 9.3 only if the job you are applying for requires driving.)

\_\_\_\_\_  
(Yes)      (No)

8.1 DO YOU HAVE VALID INSURANCE?

(If position requires traveling as an essential function, the vehicle must carry minimum automobile liability insurance as prescribed by Washington State Law.)

\_\_\_\_\_  
(Yes)      (No)

8.2 DO YOU HAVE A VALID DRIVER'S LICENSE?

\_\_\_\_\_  
(Yes)      (No)

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

9. IF THE POSITION YOU ARE APPLYING FOR REQUIRES A PROFESSIONAL LICENSE, CERTIFICATE, OR REGISTRATION, COMPLETE THE FOLLOWING:

Kind of License or Certificate you possess: \_\_\_\_\_

License #: \_\_\_\_\_ Expires: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Where Issued? \_\_\_\_\_

10. IF HIRED, CAN YOU FURNISH PROOF YOU ARE ELIGIBLE TO WORK IN THE U.S.?

\_\_\_\_\_  
(Yes)      (No)

(Proof of identity and legal authorization to work in the U.S. is a condition of employment  
Examples: Drivers' License, Social Security Card, Birth Certificate, Passport)

11. WHEN CAN YOU START WORK?

\_\_\_\_\_  
(Date)

12. HAVE YOU EVER BEEN EMPLOYED BY RURAL RESOURCES BEFORE?

\_\_\_\_\_  
(Yes)      (No)

12.1 IF YES, WHEN AND BY WHAT PROGRAM? \_\_\_\_\_

12.2 PLEASE INDICATE NAME (IF DIFFERENT) AT TIME OF PREVIOUS EMPLOYMENT:

\_\_\_\_\_

13. PLEASE LIST ANY FRIENDS OR RELATIVES WHO ARE CURRENTLY EMPLOYED BY RURAL RESOURCES, OR WHO ARE ON THE RURAL RESOURCES BOARD OF DIRECTORS:

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

14. PLEASE LIST THREE PERSONS WHO ARE NOT RELATIVES OF YOURS AND WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE AVOID REPEATING NAMES OF SUPERVISORS LISTED UNDER ITEM #17.

Full Name	Relationship to Applicant (Friend, Co-Worker, etc.)	Address	Telephone	Business or Occupation

## EDUCATION HISTORY

15. HAVE YOU GRADUATED FROM HIGH SCHOOL OR PASSED THE GENERAL EDUCATION DEVELOPMENT TEST?

(Yes) (No)

15.1 IF NO, CHECK THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

16. PLEASE LIST ALL INSTITUTIONS OF EXTENDED LEARNING THAT YOU HAVE ATTENDED:

Name/Location	How many years Attended	Number of Credits	Degree or Certificate Obtained	Major/Minor

(Transcripts or certificates may be requested)

(If more space is needed, please attach a separate piece of paper.)

## EMPLOYMENT HISTORY

### YOUR RESUMÉ IS REQUIRED; please attach it to this application.

Volunteer experience will be computed at 173 hours equals one month's experience. (If more space is required, please attach an additional sheet of paper.)

#### 17. PLEASE LIST YOUR PAST/PRESENT EMPLOYERS, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT.

(a)	Employing Firm: _____	From: _____ To: _____ (mo/yr) (mo/yr)
	Address: _____	Telephone: _____
	Duties: _____ _____	Title: _____
	No. of Employees Supervised: _____	Hours Worked/Week: _____
	Your Direct Supervisor: _____	Total Time Employed: _____
	Reason for Leaving: _____	
(b)	Employing Firm: _____	From: _____ To: _____ (mo/yr) (mo/yr)
	Address: _____	Telephone: _____
	Duties: _____ _____	Title: _____
	No. of Employees Supervised: _____	Hours Worked/Week: _____
	Your Direct Supervisor: _____	Total Time Employed: _____
	Reason for Leaving: _____	
(c)	Employing Firm: _____	From: _____ To: _____ (mo/yr) (mo/yr)
	Address: _____	Telephone: _____
	Duties: _____ _____	Title: _____
	No. of Employees Supervised: _____	Hours Worked/Week: _____
	Your Direct Supervisor: _____	Total Time Employed: _____
	Reason for Leaving: _____	

## SKILLS AND ABILITIES

18. PLEASE REVIEW THE FOLLOWING LIST OF OFFICE EQUIPMENT OR FUNCTIONS, AND INDICATE YOUR PROFICIENCY LEVEL OR ABILITY AT EACH TASK OR OPERATION INDICATED. **PRE-EMPLOYMENT SKILLS TESTING MAY BE REQUIRED FOR SOME POSITIONS.**

	YES	NO	
Computers	___	___	Circle those applicable    IBM/MS DOS    MACINTOSH
Software	___	___	List programs which you can use: _____
<hr/>			
Word Processing	___	___	_____ WPM
Calculator / Ten-Key	___	___	
Copy Machine	___	___	
Multi-Line Phone System	___	___	_____ What type of system and how many lines?
Greeting People	___	___	_____ When and in what capacity?
Drafting Correspondence	___	___	_____ When and in what capacity?

What machines or equipment other than those identified above, can you operate that are related to the job for which you are applying?:

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What skills or additional training do you have that are related to the job for which you are applying?:

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# AFFIDAVIT

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

19. I understand that my employment is subject to a satisfactory check of references. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand any investigation conducted may include a request for employment and educational history, driving records, and criminal history. I authorize, whether listed or not, any person, school, current and former employer, and any other organization or agency to provide information relevant to such investigation. **I hereby release all persons and organizations requesting or supplying information pursuant to such investigation from all liability or responsibility if an employment offer is not made, is withdrawn, or my employment is terminated because of misrepresentations or omission of requested information.**

I understand some employment positions within Rural Resources Community Action require the successful completion of a pre-employment physical examination and/or alcohol and drug screening examination as a condition of employment (see "*Required Certification and Licenses*" section of the position job description). If required as a condition of employment, I hereby consent to a pre-employment physical examination and to the release of any or all medical information as may be deemed necessary to assess my ability to perform the essential work functions or to assess potential risk of injury to myself or others. I also consent, if required as a condition of employment, to a pre-and/or post-employment alcohol and drug screen and understand that refusal to take such tests may be cause for denial of employment or my termination.

I understand that upon offer and acceptance of a position with Rural Resources Community Action that I will be required to furnish documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that failure to do so voids any offer of employment.

I hereby certify that the information contained in the employment application I submit to Rural Resources Community Action is true and complete to the best of my knowledge. I understand that material omissions or falsification of this application in any detail may result in my disqualification from consideration for employment or dismissal from employment. **I understand that if employed, such employment is not to be considered a contract, is not for any definite period of time, and may be terminated by either party at any time with or without cause and with or without notice.**

**I have read, understand, and by my signature consent to these statements.**

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APPLICANT'S SIGNATURE

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APPLICANT'S NAME (Please print)

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DATE

**THE INFORMATION ON THIS JOB APPLICATION FORM IS IN COMPLIANCE WITH THE REGULATIONS OF THE WASHINGTON STATE HUMAN RIGHTS COMMISSION.**

## **AFFIRMATIVE ACTION INFORMATION FORM**

### **This form is a REQUIRED part of your application.**

Information as to race, sex, disability or veteran status is voluntary. However, it is **REQUIRED** that you at least fill in your name, address, and the job applying for.

Rural Resources Community Action is an Equal Opportunity Employer. In order to assess our Affirmative Action Program, you are being requested to complete the following information. This information will be used for statistical purposes only and will be kept separately from all other information contained in this job application packet. It will not be available to persons involved in the selection process. This form has been approved by the Washington State Human Rights Commission.

NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

#### **ETHNIC AND RACIAL BACKGROUND:**

Ethnic Background:

**(check descriptor applicable)** \_\_\_\_\_ Non-Hispanic or \_\_\_\_\_ Hispanic or Latino

Racial Background:

**(check descriptor applicable)**

- \_\_\_\_\_ White (Not Hispanic or Latino)
- \_\_\_\_\_ Black or African American (Not Hispanic or Latino)
- \_\_\_\_\_ Asian (Not Hispanic or Latino)
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- \_\_\_\_\_ American Indian or Alaska Native (Not Hispanic or Latino)
- \_\_\_\_\_ Two or more races (Not Hispanic or Latino)

#### **To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:**

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified disabled individuals.

You are invited to volunteer this information to assist in proper placement and determining reasonable accommodation if you qualify for employment. This information will be considered confidential. **Refusal to provide this information will not adversely affect your consideration for employment.**

If you so wish to be identified, please check if any of the following are applicable:

\_\_\_\_\_ **Vietnam Era Veteran**

A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability.

\_\_\_\_\_ **Disabled Veteran**

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

\_\_\_\_\_ **Individual with a Disability**

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.

\*\*\*\*\* **RETURN THIS FORM WITH YOUR APPLICATION** \*\*\*\*\*