

# Domestic Violence Services of Snohomish County

## Application for Employment

PO Box 7  
 Everett, WA 98206  
 Phone 425.259.2827 FAX 425.258.5976

Please read carefully before you sign this application. False statements on this application shall be considered sufficient cause for termination. Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled or Vietnam-era veteran.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Number & Street)	(City)	(State)	(Zip) Other Telephone ( ) -
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names Of Relatives Employed By This company			
Person(s) To Contact In Case Of Emergency Name		Phone Number ( ) -	

### POSITION

Position Or Type Of Employment Desired	Date Available:
Will you be able to perform the duties of the position for which you are applying without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Salary Desired	

### EDUCATION AND TRAINING

High School Graduate Or General Education Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If no, check the highest grade completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12							
List Below College, Business School, Military, Etc. (Most recent first)							
Name and Location	Dates Attended Month/Year	Credits Earned			Grad. Yes/No	Degree Year	Major or subject Taken
		Quarter Hours	Semester Hours	Other			
	From To						
	From To						
	From To						
	From To						
License, Certificate or Registration	Number	Where Issued		Date of Issue	Expiration Date		
Languages Read, Written or Spoken Fluently Other Than English							

### SPECIAL SKILLS (List all pertinent skills)

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### VETERAN INFORMATION

Branch of Service	Date of Entry	Date of Discharge
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### WORK EXPERIENCE (Include voluntary work and military experience)

Employer	Telephone Number ( ) -	From
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Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number ( ) -	From
Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number ( ) -	From
Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

\* List any professional designations:

\* Other special knowledge, skills or qualifications:

\* Volunteer activities:

I swear all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* Please use another page to discuss the above activities further if you'd like.