



1007 Koala Drive • Omak, WA 98841
 509.826.6191 • Fax: 509.826.3029 • www.okbhc.org

Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please let us know if you need accommodations to participate in the application process.

PERSONAL INFORMATION (Please Print)

Last Name	First Name	Middle Name	Social Security Number
Present Address (Street, City, State and Zip Code)			Phone Number
Permanent Address (Street, City, State and Zip Code)			Phone Number
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
During the last seven (7) years, have you been convicted of any criminal offense involving violent behavior, dishonesty, or breach of trust? If yes, state the nature of the offense, court date and disposition. <input type="checkbox"/> Yes <input type="checkbox"/> No		Court and Nature of Offense	Date/Disposition
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	Supervisor
Have you any relatives employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s) of Relative		Position

*PLEASE NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

EMPLOYMENT DESIRED

Position/Job	Date Available
Do you wish to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call	Indicate days you are available to work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Are you available to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings

EDUCATIONAL BACKGROUND

	High School	College	Trade or Special Schools
Name and location of School			
Dates Attended			
Did you graduate?			
Major Area of Study			
Degree Obtained			

U.S. MILITARY SERVICE



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Branch of Service	Dates of Duty	Rank at Separation	Briefly describe your duties
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JOB PERFORMANCE ABILITY

Are you able to perform on a regular basis all the essential functions of the job for which you are applying, with or without reasonable accommodations?

Yes No Please describe any accommodations required.

WORK HISTORY LIST MOST RECENT EMPLOYER FIRST.
 Include at least past (5) years and explain any periods of unemployment of more than 30 days. Attach additional sheet if necessary

Employer	Date Hired (mo/yr)	Positions Held and Description of Duties
Street address	Date Separated (mo/yr)	
City and State	Salary/Hourly Rate Starting	
Reason for Leaving	Salary/Hourly Rate Ending	Name & Title of Immediate Supervisor/Phone No.
Employer	Date Hired (mo/yr)	Positions Held and Description of Duties
Street address	Date Separated (mo/yr)	
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Street address	Date Separated (mo/yr)	
City and State	Salary/Hourly Rate Starting	
Reason for Leaving	Salary/Hourly Rate Ending	Name & Title of Immediate Supervisor/Phone No.

Did you work for any of the above employers under a different name? If so, please indicate employer and give your previous name.

OCCUPATIONAL SKILL/EXPERIENCE

List any additional experience, skills or training applicable to the position for which you are applying.



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PROFESSIONAL REGISTRATION/LICENSURE

TYPE OF REGISTRATION OR LICENSE	STATE	NUMBER	DATE OF EXPIRATION

If you do not have a required registration or license, have you applied for one? Yes No

If an examination is required, what date are you scheduled to take the examination? _____

If not licensed in Washington State, have you applied for reciprocity? Yes No

REFERENCES

Give below the names of three persons who currently are or have been supervisors that we may contact.

Name	Address and Telephone	Nature of Relationship

READ CAREFULLY BEFORE SIGNING

- 1) I certify that the information I have provided in this application is true and complete, to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or if employed, falsified statements on this application or failure to furnish all requested information may result in my dismissal.
- 2) I authorize my former employer(s), school(s) and personal reference(s) and any other individual or organization to provide any information solicited by the company. I hereby release those persons or entities from all liability for providing such information.
- 3) I understand that, if employed, my employment and compensation can be terminated by me or the company with or without notice, at any time.
- 4) Prior to employment I must provide information showing eligibility for employment in the United States and identification.
- 5) If employed, I agree that if the company advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any company property, the company is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant's Signature

Date



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APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name: _____ Date: _____
Last First Middle

Position Applied for: (list only one) _____

What is your race/ethnic origin?

- White
- Hispanic
- American Indian/Alaskan Native
- Black
- Asian/Pacific Islander

What is your sex? Male Female

Are you a Vietnam Era Veteran? Yes No

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.

Are you a disabled Veteran? Yes No

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.

Do you have a mental or physical disability? Yes No

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 impairment.