



Work Force Development Center
11400 Airport Road, Everett, WA 98204

www.wdfcenter.org

Ph. 425.349.1800

Fax 425.349.3904

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Applicant Information		Date:
Last Name:	First Name:	M.I:
Street Address:		Apartment/Unit #:
City:	State:	Postal Code:
Home Phone #:	Mobile Phone #:	Email Address:
Are you eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been terminated from employment or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide company names and details:		
Can you work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you read and write English? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you work overtime, including weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (Please see attached Job Description) Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment Desired
Date you can start: / /
Position desired:
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Referral Source
How did you hear about us? Walk-in <input type="checkbox"/> Other <input type="checkbox"/> _____
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, explain:
Do you know anyone who works for our company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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From	To	Employer	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, explain _____

Computer Skills (please describe):

References Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Work Force Development Center is an equal opportunity employer. Work Force Development Center does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service (For any applicable states, or based upon sexual orientation, gender identity and or gender expression).

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Work Force Development Center to hire me. If I am hired, I understand that either Work Force Development Center or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Work Force Development Center has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Work Force Development Center true and complete information on this application. No requested information has been concealed. I authorize Work Force Development Center to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: ____/____/____ Signature: _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE