

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____ City _____ ST _____ Zip _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? Yes No *(If no, you may be required to provide authorization.)*

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If YES, please provide company names and details: _____

Are you available to work?

FULL TIME PART TIME SUBSTITUTE VOLUNTEER

Days and Hours Available:

	MON	TUES	WED	THURS	FRI	
FROM:						
TO:						

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Position(s) _____

_____ Date available to start _____ Hourly Rate / Salary desired _____

REFERRAL SOURCE *How did you hear about us?*

Walk In Advertisement *If so, where?* _____ Website Job Search _____

Referral? _____ Have you worked for BISNF before? Yes No

Do you know anyone who works for BISNF – Stephens House? Yes No *If so, who?* _____

Have you ever volunteered at BISNF Stephens House? Yes No *If yes, please describe below:*

EDUCATION

High School Graduate? Yes No Name and location of High School: _____

College | University | Business/Trade School | Correspondence School information:

School Name _____	Degree? _____
Location _____	Major _____
No. of Years Attend _____	Subjects/Focus _____

EMPLOYMENT HISTORY

Are you currently employed? Yes No May we contact your present employer? Yes No

EMPLOYER:	EMPLOYED FROM:	TO:

ADDRESS:	_____	
Street _____	City _____	ST _____ Zip _____
SUPERVISOR:	SALARY: _____	
PHONE: _____	EMAIL: _____	
TYPE OF BUSINESS: _____	TITLE: _____	
RESPONSIBILITIES:	_____	

REASON FOR LEAVING:	_____	

Present Or Last Position:

PREVIOUS EMPLOYMENT:

EMPLOYER:	EMPLOYED FROM:	TO:
ADDRESS:		
Street	City	ST Zip
SUPERVISOR:	SALARY:	
PHONE:	EMAIL:	
TYPE OF BUSINESS:	TITLE:	
RESPONSIBILITIES:		
REASON FOR LEAVING:		

EMPLOYER:	EMPLOYED FROM:	TO:
ADDRESS:		
Street	City	ST Zip
SUPERVISOR:	SALARY:	
PHONE:	EMAIL:	
TYPE OF BUSINESS:	TITLE:	
RESPONSIBILITIES:		

REASON FOR
LEAVING:

REFERENCES *(List the names of 3 persons not related to you, whom you have known for at least 3 years.)*

1)

NAME	COMPANY	ADDRESS
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PHONE	EMAIL
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2)

NAME	COMPANY	ADDRESS
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PHONE	EMAIL
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3)

NAME	COMPANY	ADDRESS
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PHONE	EMAIL
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Please read carefully before signing:

Bainbridge Island Special Needs Foundation (BISNF) is an equal opportunity employer. BISNF does not discriminate in employment on account of race, color, religion, national origin, citizenship status,

ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand the completion of this application nor any other part of my consideration for employment establishes any obligation for BISNF to hire me. If I am hired, I understand that either BISNF 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 BISNF has the authority to make any assurance to the contrary.

I attest with my signature below that, I have given to BISNF true and complete information on this application. No requested information has been concealed. I authorize BISNF 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.

X _____

Signature

Date