

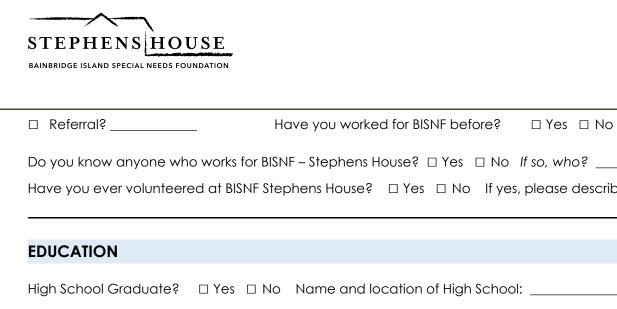
EMPLOYMENT APPLICATION

PERSONAL INFORMATION

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

| Name | | | | Date | | | | | |
|--|--------------|--------------|-----------------------|--------------|--------------|-------------|---------------|----------------|-------|
| Address | | | — City | / | | - | Zip | | |
| E-Mail Addres | S | | | | | | | | |
| Home Phone | | | | Ce | ell Phone | | | | |
| Are you eligib | le to work | in the U.S.S | ? 🗆 Yes | □ No | | | | | |
| Are you at lec | ist 18 years | s or older? | □ Yes □ | No (If no | o, you may l | be required | to provide au | uthorization.) | |
| Have you eve | r been ter | minated fr | om emplo [,] | yment or c | asked to re | esign by a | an employe | er? 🗆 Yes 🗆 | No |
| If YES, please | provide co | ompany na | ames and o | details: | | | | | |
| Are you availe | able to wo | rk? | | | | | | | |
| □ FULL TIME | | PART TIME | 🗆 SU | BSTITUTE | 🗆 VO | LUNTEER | | | |
| Days and Hou | ırs Availab | le: | | | | | | | |
| | | MON | TUES | WED | THURS | FRI | | | |
| FROM: | | | | | | | | | |
| TO: | | | | | | | | | |
| Are you able | to perform | the essen | tial functio | ns of the jo | ob for whi | ch you ar | e applying | with or withc | out a |
| reasonable a | ccommod | ation? | □ Yes □ | No | | | | | |
| EMPLOYMENT DESIRED | | | | | | | | | |
| | | | | | | | | | |
| Position(s) | | | | | | | | | |
| Date available to start Hourly Rate / Salary desired | | | | | | | | | |
| REFERRAL SC | DURCE | How did ya | ou hear ab | out us? | | | | | |
| 🗆 Walk In | □ Adverti | isement If s | so, where? | | | 🗆 Websit | te Job Sear | rch | |

105 Winslow Way West • Bainbridge Island, Washington 98110 206.780.1211 • www.bispecialneedsfoundation.org



| Do you know anyone who works for BISNF – Stephens H | louse? 🗆 Yes | □ No If so, who? |
|---|--------------|--------------------------------|
| Have you ever volunteered at BISNF Stephens House? | 🗆 Yes 🗆 No | If yes, please describe below: |

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

| Degree? | ool Name | School Name |
|----------------|------------|---------------------|
| Major | Location | Location |
| Subjects/Focus | ars Attend | No. of Years Attend |

EMPLOYMENT HISTORY

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

| EMPLOYER: | | | EMPLOYED FROM: | | TO: | |
|-------------------|--------|--------|----------------|---------|-----|-----|
| ADDRESS: | | | | | | |
| | Street | | City | | ST | Zip |
| SUPERVISOR: | | | | SALARY: | | |
| PHONE: | I | EMAIL: | | | | |
| TYPE OF BUSINESS: | | TITLE: | | | | |
| RESPONSIBILITIES: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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: | | | | | | |
| LLAVING. | | | | | | |
| | | | | | TO: | |
| 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 |
|--------|-------|---------|---------|
| | PHONE | | EMAIL |
| 2 | NAME | COMPANY | ADDRESS |
|) | | | |
| | PHONE | | EMAIL |
| 3) | NAME | COMPANY | ADDRESS |
| | PHONE | | EMAIL |

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