

West Central Community Center is an Equal Opportunity Employer and does not discriminate against any person based upon race, color, religion, creed, national origin, sex, age, marital status, Veteran, Vietnam era Veteran, or disability.

West Central Community Center is a drug free work place. Applicants may be subject to drug testing prior or subsequent to employment with West Central Community Center.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, or disability. W.C.C.C. encourages candidates and employees with disabilities to request accommodations, when needed, for testing; recruitment; the interview process; or to enjoy the benefits and privileges of employment. If you have an accommodation need, please notify the W.C.C.C. Front Desk.

1. (Please print or type)

Position Applied For _____ Date of Application _____ Date available _____

How Did You Learn About Us?

- Advertisement Friend Walk In Employment Agency Relative
- Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____

Telephone Number(s) _____ Social Security Number _____

- 2. If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No
- 3. Have you ever filed an application with us before?..... Yes No
If Yes, give date _____
- 4. Have you ever been employed with us before? Yes No
If Yes, give date _____
- 5. Are you currently employed? Yes No
- 6. May we contact your current employer about your character, qualifications, & work record? A "NO" will not affect our review of your qualifications. If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first. Yes No
- 7. May we contact all past employers listed in this application? Yes No
If No, please list those you do not wish to be contacted: _____
- 8. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration will be required upon employment.* Yes No
- 9. On what date would you be available for work? _____
- 10. Are you available to work..... Full-time Part-time Temporary Weekends Evenings
- 11. Do you have both a valid Washington State driver's license and proof of insurance?..... Yes No
- 12. If applying for a position requiring the transport of participants you must be 25 years or older to qualify for the Center's van insurance. Are you 25 or older (answer only if applicable to position posting)?..... Yes No
- 13. Have you ever been convicted of, or forfeited collateral for, any felony violation? A criminal background check will be required upon employment. Yes No
If Yes, please explain: _____
- 14. Are you now under charges for any violation of law? Yes No
If Yes, please explain: _____
- 15. Do you have any relatives currently employed by the West Central Community Center? Yes No
If Yes, give name, position, relationship _____
- 16. Have you ever been discharged from a position or asked to resign under the threat of discharge? Yes No
If Yes, explain under "Remarks" at the end of this form.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

17. Education

Mark highest level completed.

Some HS HS/GED Some College Associate Bachelor Master Doctoral

Last high school (HS) or GED school. Give the school's name, city, state, ZIP code (if known), and year diploma or GED received.

Colleges and universities attended. Do not attach a copy of your transcript unless requested.

Name	Total Semester Credits Earned	Total Quarter Credits Earned	Major(s)	Degree (if any) - Year Received
City State ZIP Code				

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18. References

Give name, address and telephone number of three references that are not related to you.

1. _____

2. _____

3. _____

19. Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any job-related honors, awards and special accomplishments. Describe any job-related training courses (give title and year). State any additional information you feel may be helpful to us in considering your application.

20. Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, or disability.

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number		Hourly Rate / /salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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Address		From:	To:	
Telephone Number		Hourly Rate / /salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

21. **Remarks:** _____

22. **Applicant's Statement:**

I certify that, to the best of my knowledge and belief, the answers given herein are true, correct, complete and made in good faith.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I hereby further certify that I understand that employment with West Central Community Center is at will and subject to termination by West Central Community Development Association.

Signature of Applicant

Date

FOR PERSONNEL USE ONLY

Arrange Interview Yes No

Remarks:

Interviewer(s)

Date

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

By: _____

Name & Title

Date

NOTES:

OPTIONAL AFFIRMATIVE ACTION DATA

It is the policy of West Central Community Center to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disabled veteran, Vietnam-era veteran, or disability. To help us comply with civil rights requirements, which are reported in aggregate form, please complete the affirmative action data below.

Providing this information is entirely voluntary and will be kept in a confidential file separate from the application form. No adverse effects will result from refusal to furnish data.

Name (Last, First, Middle Initial):	Today's Date:
Title of Position to Which Applying:	

ETHNIC CATEGORY (choose only one)

- White (not of Hispanic origin) - those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin) - those having origins in any of the Black racial groups of Africa.
- Hispanic - those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- Asian or Pacific Islanders - those having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native - those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Male Female

Are you 40 years of age or older? Yes No

Are you a veteran of U.S. military service? Yes No

Are you disabled? Yes No

If yes, please explain: _____



WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 705-5100

<http://www.wa.gov/wsp/wsphome.htm>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$10 MONEY ORDER, COMMERCIAL BUSINESS ACCOUNT CHECK OR CASHIER CHECK, PAYABLE TO THE WASHINGTON STATE PATROL.

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Subject may be advised of inquiry.

A - SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____

Drivers Lic. Number/State _____ / _____

WSP USE ONLY

B - REQUESTER INFORMATION: (Please type or print clearly)

DATE: ____ / ____ / ____ _____
Mo Day Yr Name/Title of Requester (print)

PHONE No. _____ Requester's Signature _____

REQUESTER'S ADDRESS: (type or clearly stamp address) Right Thumb Print (optional)

**West Central Community Center
Human Resources
1603 N. Belt
Spokane WA 99205**