

BENTON-FRANKLIN WORKFORCE DEVELOPMENT COUNCIL
815 N. Kellogg St., Suite C
Kennewick, WA 99336

PLEASE READ PRIOR TO COMPLETING AND SIGNING THIS APPLICATION:
This company is an equal employment opportunity employer and does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

Persons convicted of certain crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a crime, please note so below. If more room is needed, please give detail on a separate sheet of paper.

Signature of this application gives the employer authority to run a Motor Vehicle Record report. Our insurance company may also run a report. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.

If selected for employment, you may be given a physical that may include drug and alcohol screening.

PERSONAL INFORMATION

NAME: _____
(Last) (First) (M.I.)

DATE: _____ PHONE NUMBER: _____

ADDRESS: _____
(Street) (City)

EMPLOYMENT DESIRED

Position Desired: _____ Date you can begin: _____

Salary Expected: _____ Per: _____

EDUCATION

College: _____
(Name) (Yrs. Completed) (Degree Obtained)

High School: _____
(Name) (Yrs. Completed) (Course Studied)

Other Education: _____
(State courses, yrs. of study, etc.)

DRIVER INFORMATION

(Drivers License No.) (State)

EMPLOYMENT HISTORY

Please give accurate and complete employment history. Begin with present or most recent employer.

1. _____
(Company Name) (Job Title) (Telephone No.)

(Address)

(Supervisor's Name) (Dates of Employment) (Starting/Ending Salary)

(Describe job as relates to this position)

(Reason for leaving)

2. _____
(Company Name) (Job Title) (Telephone No.)

(Address)

(Supervisor's Name) (Dates of Employment) (Starting/Ending Salary)

(Describe job as relates to this position)

(Reason for leaving)

3. _____
(Company Name) (Job Title) (Telephone No.)

(Address)

(Supervisor's Name) (Dates of Employment) (Starting/Ending Salary)

(Describe job as relates to this position)

(Reason for leaving)

4. _____
(Company Name) (Job Title) (Telephone No.)

(Address)

(Supervisor's Name) (Dates of Employment) (Starting/Ending Salary)

(Describe job as relates to this position)

(Reason for leaving)

I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby authorize and request any and all of my former employers to furnish any and all information concerning my job performance.

I understand that an offer of employment must originate from the Executive Director or President of the Board.

I have read and understand the job description titled _____ and dated _____. I have no physical or mental requirements or limitations which will prevent me from performing the job.

I understand that misrepresentation or omission of facts herein is cause for termination, if hired.

I have read and understand this application and have answered all portions of this application truthfully and correctly, with no omission.

(Signature)

(Date)

This application is valid for 60 days.