

KITSAP COMMUNITY RESOURCES

"A PUBLIC BENEFIT AGENCY"

845 8th Street, Bremerton, WA 98337-1517 • 360-478-2301

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
Please Print Clearly in Ink or Type

TO APPLICANT: We sincerely appreciate your interest. A clear understanding of your background and work history will aid us in considering you for the position that best meets your qualifications and our needs. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED (USE ADDITIONAL SHEETS IF NECESSARY). If you require accommodations in completing this application contact our Administration Office for assistance.

GENERAL

Current Date (Month, Day, Year) _____

Were you formerly a KCR employee? Yes No Last KCR Termination Date _____

(Last Name) (First Name) (Middle Initial)

(Address Number & Street) (City) (State) (Zip)

Home Telephone _____ Business or Message Phone _____

If selected, can you show proof of legal right to work in the United States? Yes No

POSITION

Position for which you are applying _____

Salary Desired _____ Date Available _____

Do you believe that you are capable of performing "the essential functions of the job" for which you are applying with or without accommodation? Yes No

WORK AVAILABILITY

Type(s) of Employment you will accept:

Full Time Part Time (fewer than 40 hours per week) On Call Temporary

ADDITIONAL INFORMATION

Resume attached: Yes No

List any acquaintances or relatives working for KCR

Name	Relationship
_____	_____
_____	_____

Have you, within the last seven (7) years, been convicted of an offense or released from prison for an offense involving drugs, narcotics, theft or inflicting bodily injury? Yes No If yes, explain fully

Note a "Yes" answer will not necessarily bar you from employment.

Do you have a vehicle to use on the job (if required by job description)? Yes No

Can you show proof of vehicle insurance at time of hire? Yes No

EDUCATION AND TRAINING

Have you graduated from high school or passed the General Education Development test (G.E.D.) in lieu of high school completion? Yes No

If "No" circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE, TRADE, BUSINESS OR OTHER SCHOOL ATTENDED

Name and Location	Start	End	Qtr. Hrs	Sem. Hrs.	Other	Graduated Yes No	Degree Year	Major or Studies Taken

Licenses and Certificates you possess _____

Special Skills and Equipment you can operate _____

VOLUNTEER WORK EXPERIENCE

If you have skills or experience gained through hobbies, civic, or volunteer work, etc., which you believe are relevant to the position for which you are applying, please describe below. Volunteer work will be computed on the basis 173.3 hours equals one month of experience.

Organization where skills were obtained and addresses	Date of Service Start/End	Average Hours Per Month of Service	Contact Person Phone Number During Daytime Hours	Duties

REFERENCES

Give names of three persons to whom you are not related and by whom you have not been employed. These people should have known you for at least three years.

Name First and Last	Address Street, City, State	Daytime Phone Number	Occupation	Years of Acquaintance

NOTE: Our practice is to contact previous employers for information as to your previous work experience, job suitability, and/or reasons for leaving. If you are currently employed and wish for us NOT to contact the employer until 1) after mutual interest in the position has been established and 2) you've had an opportunity to discuss the matter with your employer, please advise us of this situation.

EMPLOYMENT HISTORY

(Including Military Service)

LAST OR PRESENT JOB (start with last or present position and work background)

From Month _____ Year _____	To Month _____ Year _____
Firm _____	Dept. _____
Address _____	city _____ state _____ zip _____
Type of Business _____	Your Title _____
Total Time Employed Years _____ Months _____	Hours Worked per Week _____
Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS JOB

From Month _____ Year _____	To Month _____ Year _____
Firm _____	Dept. _____
Address _____	city _____ state _____ zip _____
Type of Business _____	Your Title _____
Total Time Employed Years _____ Months _____	Hours Worked per Week _____
Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS JOB

From Month _____ Year _____	To Month _____ Year _____
Firm _____	Dept. _____
Address _____	city _____ state _____ zip _____
Type of Business _____	Your Title _____
Total Time Employed Years _____ Months _____	Hours Worked per Week _____
Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS JOB

From Month _____ Year _____	To Month _____ Year _____
Firm _____	Dept. _____
Address _____	city _____ state _____ zip _____
Type of Business _____	Your Title _____
Total Time Employed Years _____ Months _____	Hours Worked per Week _____
Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS JOB

From Month _____ Year _____	To Month _____ Year _____
Firm _____	Dept. _____
Address _____	city _____ state _____ zip _____
Type of Business _____	Your Title _____
Total Time Employed Years _____ Months _____	Hours Worked per Week _____
Starting Salary _____	Ending Salary _____
Immediate Supervisor's Name _____	Title _____ Office Phone _____
Specific Duties _____	

Reason for Leaving _____	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT DISCLOSURE FOR
PURSUANT TO CHAPTER 486, WASHINGTON STATE LAWS OF 1987 AND
FEDEARL REGULATION 45 CFR

CHILD/ADULT ABUSE INFORMATION ACT

Applicants for positions that will or may have unsupervised access to children or developmentally disabled persons must complete this form. In addition, background inquiries on these matters may be made to the Washington State Patrol, or to other state or federal law enforcement agencies. Information obtained from an applicant's disclosure statement or from these background inquiries do not necessarily prevent employment. This information will be considered in determining the applicant's character, suitability and competence to perform and may result in a denial of employment. Applicants must sign a release authorizing a background inquiry. Failure to do so, or to provide the disclosure statement, shall prevent the applicant from employment in these positions.

Answer YES or NO to each item listed. If the answer is YES to any item, explain in the area provided, including the charge or finding, the date and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree rape; first, second or third degree statutory rape; first or second degree robbery; first or second degree manslaughter; first degree arson; first degree burglary; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment?

ANSWER _____ IF YES, EXPLAIN BELOW

2. Have you ever been found in any dependency action under RCW 13.34.040(2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW

3. Have you ever been found by a court in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

ANSWER _____ IF YES, EXPLAIN BELOW

Pursuant to RCW 9A. 72. 085, I certify that under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature _____

Date and Place _____

Witness (NON-RELATIVE) _____

Business or Organization _____

Address _____ State _____ Zip _____

INFORMATION CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION/AT WILL AGREEMENT

I certify the information given in this Application for Employment is true and complete to the best of my knowledge. I authorize Kitsap Community Resources to make inquiry of my former employers or references as to my experience, job suitability, and/or reasons for leaving. I understand that if employed, the making of false statements on this Application, omission of information or misrepresentation will be sufficient cause for cancellation of consideration for employment or dismissal from KCR service if I have been employed. I agree to hold harmless Kitsap Community Resources and any company and/or individual(s) for information they may release in regards to this Application.

I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States. I also understand Kitsap Community Resources is obligated to fulfill requirements of the Child/Adult Information Abuse Act (1987) and my employment may be contingent upon a satisfactory background check through the Washington State Patrol.

This application for employment shall be considered active for a period of time not to exceed 90 days.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Kitsap Community Resources.

Signature of Applicant

Date Signed

**Kitsap Community Resources
Bremerton, WA 98337**

Dear Applicant:

The completion of the following information is optional--you are not required to provide it.

Our agency has an affirmative action plan. When all other factors are equal, hiring preference is given to women, minorities, disabled persons and older workers. By law we cannot require you to give us the following information. However, if you wish to give it voluntarily, it may assist with our affirmative action plan and give us some idea about how effective our recruitment techniques may be. This information will be separated from the application prior to the screening process, and kept confidential. Refusal to provide this information will not have any adverse effect on you in the hiring process.

Thank you

Date of Birth:

Sex:

RACE (CIRCLE ONE):

American Indian/Alaskan Native
American Indian/Alaskan Native and Black/African American
American Indian/Alaskan Native and White
Asian
Asian and White
Black/African American
Black/African American and White
Native Hawaiian or Other Pacific Islander
White
Ethnicity: Also Hispanic
Other Multi-Racial

ARE YOU DISABLED?

"Disabled: persons with physical, mental or sensory impairments that would impede that individual in obtaining and maintaining permanent employment and promotional opportunities. The impairment must be material rather than slight; static and permanent in that they are seldom fully corrected by medical replacement, therapy or surgical means."

Yes No If yes, state briefly your handicap: _____

Are you a Veteran? Yes No

I understand that I am not required to give this information and that it is to be used for affirmative action purposes only.

Signature

Date