



**EMPLOYMENT APPLICATION**  
 South Central Workforce Development Council  
 1205 Ahtanum Ridge Drive, Suite B, Union Gap, WA 98903  
 509.574.1950 | southcentralwdc.com

**Position Applying For**

Job Title:

Date of Application:

**Contact Information**

Name:

Mailing Address:

City:	State:	Zip:
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Home Phone:	Cell:
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Email Address:

Availability: Full-Time  Part-Time  Temporary  Any

Are you 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Education**

High School:	Location:
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Diploma? Yes <input type="checkbox"/>	Other (specify):	Highest Grade Completed:
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College Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, how many total credits received to date:
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If your name was different in school, what was it:

College/University	City, State	Degree	Courses

**Job Related Training and Skills**

List any skills, licenses, certificates, training, and experience related to the job you seek. Include specific software proficiency and keyboarding speed. If you speak/read a language other than English, list language and proficiency:

## Work Experience

Describe your work experience in detail, beginning with your current or most recent job. Include any military service (indicate rank) or job related volunteer work. Provide an explanation for any gaps in employment. All information in this section must be completed. A resume may be attached but will not substitute for this section.

Name of Present or Last Employer:

Address:

City:

State:

Phone:

Job Title:

Number of People You Supervised:

Supervisor's Name:

Supervisor's Title:

From (Mo/Year):

To (Mo/Year):

Hours per week:

May we contact this employer? Yes  No

Job duties (give details):

Reason for leaving:

Name of Next Most Recent Employer:

Address:

City:

State:

Phone:

Job Title:

Number of People You Supervised:

Supervisor's Name:

Supervisor's Title:

From (Mo/Year):

To (Mo/Year):

Hours per week:

May we contact this employer? Yes  No

Job duties (give details):

Reason for leaving:

Name Employer:

Address:

City:

State:

Phone:

<b>Job Title:</b>		<b>Number of People You Supervised:</b>
<b>Supervisor's Name:</b>		<b>Supervisor's Title:</b>
<b>From (Mo/Year):</b>	<b>To (Mo/Year):</b>	<b>Hours per week:</b>
<b>May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
<b>Job duties (give details):</b>		
<b>Reason for leaving:</b>		
<b>Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		<b>State License Issued In:</b>
<b>License Number:</b>		<b>Expiration Date:</b>
<b>List two people, not relatives, who are familiar with your work:</b>		
<b>Name:</b>	<b>Cell:</b>	<b>Email:</b>
<b>Name:</b>	<b>Cell:</b>	<b>Email:</b>
<b>PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS</b>		
<p><b>Authority to Release Information:</b> By my signature below, I consent to the release of information to authorized officers, agents, and/or employees of the South Central Workforce Council which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the South Central Workforce Council to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present or former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.</p>		
<b>Signature:</b>		<b>Date:</b>
<p><b>Certification of Applicant:</b> By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. I understand that this application is not an offer of employment and employment with this organization is on an at-will basis, terminable at any time for any reason. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.</p>		
<b>Signature:</b>		<b>Date:</b>

Please submit completed application and resume via email to: [patricia.padilla@co.yakima.wa.us](mailto:patricia.padilla@co.yakima.wa.us).

*The South Central Workforce Council is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Washington Relay Service: 711.*