

EMPLOYMENT APPLICATION

Community Frameworks
 907 W. Riverside Ave
 Spokane, WA 99201
 (509) 484-6733, (f) (509) 483-0345
 www.communityframeworks.org

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, marital status, national origin, sexual orientation, handicap or veteran status.

Last Name		First	Middle	Date of Application
Street Address				Home Telephone ()
City, State, Zip				Business Telephone ()
Position(s) Applied For				Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referral Source: Advertisement <input type="checkbox"/> (source name) _____		Friend <input type="checkbox"/>		On what date would you be available for work?
Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/>		Other _____		
Have you filed an application here before: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:				Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:				May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you on a lay-off and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>				Can you travel if a job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of a felony within the last 7 years? <i>A conviction record will not necessarily bar you from employment.</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain				

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion, marital status, or national origin)

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EMPLOYMENT

Start with your present or last job. Include military service assignments and volunteer activities. At your preference, exclude organization names which indicate race, color, religion, sex or national origin.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Monthly Pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ <i>If you need additional space, please continue on a separate sheet of paper</i>

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience which may relate to this position

Please give us some personal references whom we may contact (not relatives)

Name	Profession	Address	Phone

I certify that the information and answers given herein are true and complete to the best of my knowledge.

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 employment with Community Frameworks is at will and I am required to abide by all rules and regulations of Community Frameworks.

At-Will Employment: Employment at Community Frameworks is "at-will". At-will employment means that you are free to discontinue or terminate your employment at Community Frameworks for any reason, at any time. It also means that Community Frameworks has the right to terminate your employment at any time with or without reason, unless otherwise prohibited by law. Community Frameworks employees are not guaranteed continuous employment. No supervisor, manager, or other representative has any authority to alter the policy of at-will employment, except the Executive Director or designee, who may do so only in a signed, written contract.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant

Date