



EMPLOYMENT APPLICATION

Position applying for:

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	Email address

Do you have the legal right to work in the U.S.? Yes No
Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

Are you over the age of 18? Yes No
 If you checked no, can you provide a work permit? Yes No

WSTIP follows the requirements of the "Fair Chance Act," RCW 49.94. We will not inquire about an applicant's criminal record until after we determine an applicant is otherwise qualified for the position for which the applicant applied, except as allowed under RCW 49.94.010 (4).

Are you available to work: Full-time Part-time Temporary
 Please list the hours and days of the week you are available?

Education			
Type of School	School & Location	Select Yrs Completed	Degree/Certificate
High School			
College or University Studies			
Graduate School			
Business or Tech. School			
Other Relevant Training or courses			

Work History

List experience which relates to this position. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write “See Résumé” in lieu of completing the application.

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		PHONE:

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		PHONE:

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	ADDRESS:
HOURS / WEEK:		
SUPERVISOR:		
REASON FOR LEAVING:		PHONE:

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		PHONE:
REASON FOR LEAVING:		

FROM: / /	TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		PHONE:
REASON FOR LEAVING:		

ADDITIONAL EXPERIENCE (volunteer, internship, etc.):

I certify the information given in this application is true and complete to the best of my knowledge. I understand that if I am employed, and WSTIP later discovers that I gave false, misleading, or incomplete information, this may result in my immediate dismissal. I further certify that I am not engaged in any outside employment or activity that could be considered in conflict with WSTIP's interests, nor will I become engaged in such activity if employed. I hereby authorize WSTIP to solicit and receive information from my past employers and other references. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I release my past employers and references from all claims, liabilities, and damages arising out of the furnishing of such information. If employed, I release WSTIP from liability for any references it may provide regarding my work history at WSTIP. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning. I understand that no representative of WSTIP has authority to enter into any agreement with me for employment for any specified period, or to make any agreement contrary to at-will employment. I have had a reasonable opportunity to review and understand the foregoing language prior to signing.

SIGNATURE: _____ **DATE:** _____
 (SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)