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| C:\Users\rjohnson\Desktop\MTA_Logo_Text.jpg | | | | | | | **APPLICATION FOR EMPLOYMENT**  190 West Sentry Drive  Shelton, WA 98584  Phone: (360) 426-7374  FAX: (360) 426-1955  Website: www.MCSAC.net | | | | | | | | | | | | | | | | | **Date and Time Stamp** | | | | |
| **Position Desired:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Last Name** | |  | | | | | | | | | | | **First** | | | | |  | | | | **Middle** | | | . | | | |
| **Street Address** | | | | |  | | | | | | | | | | | | | | | | | **Home Phone** | | | |  | | |
| **City** |  | | | | | | | | | **State** | |  | | | | **Zip Code** | | |  | | | **Cell Phone** | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **A****vailability** | | | Immediate | | | | |  | | | | | | | **E-Mail address** | | | | | | | | | | | | | |
| Other (specify) | | | | |  | | | | | | | **Will you work overtime if asked?**  YES  NO | | | | | | | | | | | | | |
| **Are you legally eligible for employment in the United States?** YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of work you will accept.** | | | | | | | | | **Full Time** | | | | | | | | **Part Time** | | | | **Seasonal** | | | | | | **Temporary** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hours of work you will accept.** | | | | | | | | | **Day Shift** | | | | | | | | **Swing Shift** | | | | **Any Shift** | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Days of week you are willing to work.** | | | | | | | | | | | MON  TUE  WED  THU  FRI  SAT  ANY DAY | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School** | | | | **Name & Location of School** | | | | | | | | | | **Course of study completed** | | | | | | **Dates attended** | | | **Did you graduate** | | | | | **Degree or diploma** |
| High School | | | |  | | | | | | | | | |  | | | | | |  | | | YES  N0 | | | | |  |
| Business/Trade/ Technical | | | |  | | | | | | | | | |  | | | | | |  | | | YES  NO | | | | |  |
| College | | | |  | | | | | | | | | |  | | | | | |  | | | YES  NO | | | | |  |
| Languages Read, Written or Spoken Fluently, Other Than English: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Except for a lay off due to lack of work, have you ever been discharged (fired) or resigned (quit) in lieu of discharge?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been employed at Mason County Senior Activities Association in the past? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Name:** |  | | | **Position Desired:** | |  | |
| **EMPLOYMENT** | | | Beginning with your **present or most recent employment**, list your work/experience for the past 10 years, accounting for gaps in employment. Use additional paper if necessary. | | | | | |
| **[1] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | |  |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[2] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[3] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[4] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **Name:** |  | | | **Position Desired:** | |  | |
| **[5] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | |  |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[6] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[7] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |
| **[8] Company Name** | | | | | | Telephone | | |
|  | | | | | |  | | |
| Address | | | | | | Employed (state month & year) | | |
|  | | | | | | From | | To |
| Name of Supervisor | | | |  | | Pay: Week/Bi-Weekly/Monthly | | |
| Reason for Leaving/Change | | | |  | | Start | | Last |
| State Job Title and Briefly Describe Your Work | | | | | | | | |

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| **Name:** | |  | | | | | | **Position Desired:** | | | | | |  | | | | |
| **MILITARY** | | | | | | | | | | | | | | | | | | | |
| Have you served in the U.S. Armed Forces? YES  NO | | | | | | | | | | | | If “YES”, in what branch? | | | | |  | | |
| Describe any training received relevant to the position for which you are applying. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **OTHER SKILLS & QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | |
| What office machines do you operate? | | | | | | | | | | | | | | If you keyboard, what are your words per minute? | | | | | |
| Computer software? | | | | | | | | | | | | | | | | | | | |
| List any special technical or machine operations skills that you have gained from employment, training, experience as a volunteer, or through other means? . | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL LICENSES OR CERTIFICATES** | | | | | | | | | | | | | | | | | | | |
| License or Certificate | | | | | | Serial Number | | | | Date Issued | | | | | | Expiration Date | | | |
|  | | | | | |  | | | |  | | | | | |  | | | |
| **DRIVING INFORMATION** | | | | | | | | | | | | | | | | | | | |
| The position requires the operation of a motor vehicle, please complete the following: | | | | | | | | | | | | | | | | | | | |
| Do you possess a valid driver’s license? YES  NO | | | | | | | | | | | | | | | | | | | |
| STATE: | |  | | | LICENSE NUMBER: | | |  | | | | | EXPIRATION DATE: | | | | | |  |
| CLASS: | |  | | | ENDORSEMENTS: | | |  | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Have you had a driver’s license in another state within the past three (3) years? YES  NO | | | | | | | | | | | | | | | | | | | |
| If yes: STATE: | | | |  | | | LICENSE NUMBER: | | | |  | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Has your license ever been restricted, suspended or revoked? YES  NO | | | | | | | | | | | | | | | | | | | |
| If “YES” please explain: | | | | | | | | | | | | | | | | | | | |
| Have you had any moving violations within the past ten (10) years? YES  NO | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Position Desired:** | | | |  | | |
| **CONVICTIONS** | | | | | | | | | | | | |
| Have you been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court? YES  NO  **NOTE**: A conviction record will not automatically disqualify you for employment unless we determine such record could reasonably affect your fitness for the job for which you are applying. | | | | | | | | | | | | |
| If “YES” describe in full: | | | | | | | | | | | | |
| **RELATIVES WORKING FOR MASON COUNTY SENIOR ACTIVITIES CENTER** | | | | | | | | | | | | |
| Are you related to any current Mason County Senior Activities Association Employee or Board Member? If yes,  Name: Relationship: | | | | | | | | | | | | |
| **PRACTICAL SKILLS TEST** | | | | | | | | | | | | |
| A practical skills test that will test applicants on the skills necessary to perform the duties of the position you are applying for may be given to each applicant. If you require any form of accommodation during the testing process, please indicate below the nature of the accommodation requested. | | | | | | | | | | | | |
| **AGREEMENT, CERTIFICATION & AUTHORIZATION *(Please Read Carefully)*** | | | | | | | | | | | | |
| It is the policy of Mason County Senior Activities Association, as part of the selection process, to contact former employers for reference information. By signature below, I authorize Mason County Senior Activities Association to contact my former employers.  I authorize Mason County Senior Activities Association to conduct a background check and if I request, provide me with the name of the agency so I may obtain from them the nature and substance of information contained in the report.  I certify that the information shown on this application is true and correct to the best of my knowledge. I further agree that falsifying or withholding of pertinent information given in my application or interview(s) will be grounds for non-consideration, or if employed, will be cause for dismissal. Failure to sign and date this form will also be grounds for non-consideration. | | | | | | | | | | | | |
| Signature of Applicant | | | |  | | | | Date | | |  | |
| **You may contact my current employer:** YES  NO  CONTACT ME FIRST | | | | | | | | | | | | |
| **ALL APPLICATIONS MUST BE SIGNED AND DATED IN ORDER TO BE ACCEPTED FOR CONSIDERATION.**  **MASON COUNTY SENIOR ACTIVITES ASSOCIATION IS AN EQUAL OPPORTUNITY EMPLOYER.**  **Employees must abide by Mason County Senior Activities Association’s drug and alcohol policy as a condition of employment.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I learned of this job opening through (check all that apply) | | | | | | | | | | | | |
| Friend or relative | | | Newspaper (name) | | MCSAA employee (name) | | Job posting (where) | | Website | | | Other |
|  | | |  | |  | |  | |  | | |  |

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| C:\Users\rjohnson\Desktop\MTA_Logo_Text.jpg | | | | | **AFFIRMATIVE ACTION FORM** | | | | | | | | |
|  | | | | | | | | | | | | |
| **CONFIDENTIAL** | | | | | | | | | | | | |
| The policy of Mason County Senior Activities Association is to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital status, gender, age or the presence of disabilities.  The information requested below will be used for statistical purposes only, as required by the Equal Employment Opportunity Commission (EEOC). This is voluntary information and is on a separate form and will not be filed with your job application. If you have questions please contact the Human Resources Department. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name |  | | | | | | | Birthdate | |  | Gender | Female  Male |
|  | | |  | | |  |  |  | | | | |
| Street Address | | | City | | | State | Zip Code | Telephone Number | | | | |
| Position Applied For | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Ethnic Background** With which ethnic group do you most identify (Check one) | | | | | | | | | | | | |
| AMERICAN INDIAN OR ALASKAN NATIVE – A person with origins in any of the original peoples of North America who maintains identifiable tribal affiliations through membership and participation or community identification. | | | | | | | | | | | | |
| ASIAN – Includes origins in the Far East, Southeast Asia, Pacific Islands, Indian Subcontinent (China, Japan, Korea, Philippines, Samoa, Vietnam, India, Pakistan). | | | | | | | | | | | | |
| BLACK – Includes origins in any black racial group. | | | | | | | | | | | | |
| HISPANIC – Includes origins in Mexico, Puerto Rico, Cuba, Central or South America. | | | | | | | | | | | | |
| CAUCASIAN – Includes origins in Europe, North Africa, Middle East; not Hispanic or East Indian. | | | | | | | | | | | | |
| MIXED RACE | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Are you a veteran? | | | | Are you a disabled veteran? | | | | | Are you a Vietnam era veteran? | | | |
| Yes  No  Date of Discharge: | | | | Yes  No | | | | | Yes  No | | | |
|  | | | | | | | | | | | | |
| Do you consider yourself to be disabled (physically, mentally, or sensory)?  Yes  No Physically (Service Connected) | | | | | | | | | | | | |
| Do you require special accommodation to participate in the application or examination process?  Yes  No | | | | | | | | | | | | |

**AN EQUAL OPPORTUNITY EMPLOYER**