



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 _____
Availability Immediate _____ Other (specify) _____		E-Mail address _____ Will you work overtime if asked? 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"/>		
Type of work you will accept. Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <input type="checkbox"/>		
Hours of work you will accept. Day Shift <input type="checkbox"/> Swing Shift <input type="checkbox"/> Any Shift <input type="checkbox"/>		
Days of week you are willing to work. MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> ANY DAY <input type="checkbox"/>		

EDUCATION

School	Name & Location of School	Course of study completed	Dates attended	Did you graduate	Degree or diploma
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Business/Trade/Technical				YES <input type="checkbox"/> NO <input type="checkbox"/>	
College				YES <input type="checkbox"/> NO <input type="checkbox"/>	

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 <input type="checkbox"/> NO <input type="checkbox"/>
Have you been employed at Mason County Senior Activities Association in the past? YES <input type="checkbox"/> NO <input type="checkbox"/>
Salary desired _____

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		

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

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 ACTIVITIES 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



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 center director.

Name _____				Birthdate _____		Gender Female <input type="checkbox"/>		Male <input type="checkbox"/>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Vietnam era veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Discharge: _____		

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