



### APPLICATION FOR EMPLOYMENT

(Please Print)

Date \_\_\_\_\_ Position You Are Applying for \_\_\_\_\_

Name \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_  
(Street No./City/State/Zip)

Phone numbers \_\_\_\_\_  
(home and/or cell)

Email Address \_\_\_\_\_

Are you prevented from becoming employed in the United States because of visa or immigration status?

Yes \_\_\_ No \_\_\_ (documentation proving legal right to work in the United States will be required upon hiring)

Have you ever been convicted of a felony? (A "yes" answer will not necessarily disqualify you from employment)

\_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), date(s) of conviction, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

List licenses, certifications, and memberships in professional associations that support your qualifications for this position. \_\_\_\_\_

#### EDUCATION

TYPE	NAME OF SCHOOL AND LOCATION	COURSE OF STUDY	# YEARS COMPLETED	DEGREE/ DIPLOMA
High school				
College				
Business or Trade School				

**EMPLOYMENT RECORD**

<b>Employer name , address City, State, Zip, and phone number</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills learned, advancements or promotions while you worked for this company			

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	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills learned, advancements or promotions while you worked for this company			

**(For any additional entries in the employment record,  
additional pages should be attached to this application.)**

**U.S. MILITARY SERVICE**

Have you ever been in the Armed Forces?     \_\_\_ No    \_\_\_ Yes

Are you now a member of the National Guard?    \_\_\_ No    \_\_\_ Yes

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge date \_\_\_\_\_

**Types of training and responsibilities while in service** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (Do Not Include Relatives)**

Name/Occupation/Years Known/Address

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_

Salary Desired \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization? \_\_\_Yes \_\_\_No

Please Specify: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I understand that employment with the Washington State Transit Insurance Pool is "at will," which means that either I or the employer may terminate the employment relationship at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I authorize all individuals, schools, and entities named herein to provide any information requested about me that pertains to my education and work history, skills, job performance, attendance or any other factor reasonably related to this job application. I release WSTIP, my previous schools and employers, their respective current and former representatives, and others who may provide reference information about me, from any and all liability arising out of their disclosure of, failure to disclose, or reliance on information about me disclosed or requested during WSTIP's reference-checking process.

I certify that all the statements herein are true and complete, and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_