



# West Central Community Center

1603 N Belt - Spokane, WA 99205  
(509) 326-9540 westcentralcc.org



## Application for Employment

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We do not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, creed, national origin, sex (including pregnancy), age, marital status, disability, veteran status, and any other status as protected by applicable law. WCCC encourages candidates and employees with disabilities to request accommodations, when needed, for testing; recruitment; the interview process; or to enjoy the benefits and privileges of employment. If you have an accommodation need, please notify the WCCC Front Desk. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. WCCC is a drug free and smoke free work place.

(Please print or type all information and answer all questions completely)

First Name	Middle Initial	Last Name
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Address including Zip Code
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Home Phone #	Cell Phone #	Message Phone #	Email Address:
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Are you 18 years of age, or over? Yes  No

Are you authorized to work in the United States? Yes  No

Other names used in prior employment: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Full Time  Part Time  Evening Shift  Weekends  Temporary

Date available for work? \_\_\_\_\_

Have you ever been employed with us before? If yes, give date \_\_\_\_\_  Yes  No

Do you have any relatives currently employed by the West Central Community Center?.....  Yes  No  
If yes, give name, position, and relationship. \_\_\_\_\_

WCCC is a drug free and a smoke free workplace. Do you have a condition that would keep you from performing your position under this provision?  Yes  No Do you smoke?  Yes  No

If applying for a position requiring the transport of participants you must be 25 years or older to qualify for the Center's van insurance. Are you 25 or older (*answer only if applicable to position posting*)?  Yes  No

If answered yes to the above, do you have both a valid Washington State driver's license and proof of insurance?.....  Yes  No

Have you ever been involuntarily discharged (fired) or resigned (quit) in lieu of discharge from a position  Yes  No. If yes, give dates and circumstances. \_\_\_\_\_

May we contact your current employer about your character, qualifications, & work record? A "NO" will not affect our review of your qualifications. If you answer "No" and we need to contact your present employer before we can offer you a job, we will contact you first. ....  Yes  No

May we contact all past employers listed in this application? .....  Yes  No  
If No, please list those you do not wish to be contacted: \_\_\_\_\_

**If you have been convicted of any crime and/or imprisoned/jailed in the last seven (7) years, you must complete a Conviction/Criminal History Information Form. Failure to disclose this information will cause your application or possible employment to be terminated for misrepresentation or omission. Please contact the HR office at (509) 326-9540 to request the form.**

**Education** (Mark highest level completed and school name, city, state, Zip and year completed)

Name, city and state of schools attended

Did You Graduate (Y/N)?

Degree Received

College \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience**

Beginning with your present or most recent employment, list the last four positions you held. Include any job-related military service assignments and volunteer activities. If more space is needed, please attach sheet.

Name and address of employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates (month/year): From \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates (month & year): From \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates (month & year): From \_\_\_\_\_

To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_

**Other Qualifications, certifications or special skills or experience:**

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any job-related special accomplishments or equipment operated. Describe any job-related training courses (give title and year). State any additional information you feel may be helpful to us in considering your application.

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

**References:**

Give name, address and telephone number of three references not related to you. Would prefer work-related references, if possible.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Applicant's Statement:**

I certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand the completion of this form does not guarantee me status as an applicant or any consideration or employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. In the event I am employed, (I understand employment is 'at will' and all employees are subject to termination at the discretion of the company). In the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by WCCC at their discretion.

I understand and consent to a pre-employment reference and criminal history check. This inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 –WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law.

I release and hold harmless the West Central Community Center, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that should I be offered a position with the West Central Community Center and it is determined that I have provided false or incomplete information, the West Central Community Center may revoke my offer of employment.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party with a legal and/or proper interest.

I understand and accept that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested. This is to be given by a physician, clinic or other health care provider selected by the Center.

I understand and agree that if this position requires the handling of funds or other valuables a credit report may be required and evaluated as part of the candidacy process.

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 that employment is provisional and conditioned upon verification of no criminal or other history which would disqualify me from employment based on WCCDA policy, rules, regulations or any other stipulations imposed/required in the administration of its programs or activities. I understand I am required to abide by all rules and regulations set forth in the company's policy manual or other communications distributed to all employees. I hereby further certify that I understand that employment with West Central Community Center is at will and subject to termination by West Central Community Development Association.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**HOW DID YOU FIRST HEAR ABOUT THIS JOB?**

(Please select one. For statistical purposes only)

How Did You Learn About Us?

- Newspaper
- Job Posting
- Walk In
- Employment Agency
- Relative
- Internet Posting
- Job Fair
- Other \_\_\_\_\_