



West Central Community Center

1603 N Belt - Spokane, WA 99205

(509) 326-9540 westcentralcc.org



Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All qualified applicants are considered regardless of race, color, creed, religion, age, sex, sexual orientation, gender identity and expression, marital status, national origin, veteran status, disability, or genetic information.

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

First Name	Middle Initial	Last Name
------------	----------------	-----------

Address including Zip Code

Home Phone #	Cell Phone #	Message Phone #	Email Address:
--------------	--------------	-----------------	----------------

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: _____

Have you been convicted of any crime and/or imprisoned/jailed in the last seven (7) years? If yes, 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 hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete.

I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my dismissal if hired.

I authorize this employer to investigate my background thoroughly, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information.

I agree to submit to any drug test that may be required by the employer (if applicable). I understand that the refusal to submit to testing will result in my disqualification for employment with this organization.

I also understand that employment may be conditioned upon an investigation into criminal convictions on record with Local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is NOT A CONTRACT.

I agree to present documentation proving my eligibility to work in the United States, and that failure to do so voids any offer of employment.

Signature of Applicant

Date

Thank you for your interest in working for us! Please review these important features of our hiring process:

- 1) Applications are active for 60 days or until the current hiring process is closed.
- 2) Hiring is a two way process - we encourage applicants to ask questions and will do our best to answer them.
- 3) Due to the volume of applications received, we will not be able to notify each and every applicant not selected. Only those selected for further interviews will be contacted.
- 4) In some cases, internal candidates are considered alongside external applicants.
- 5) This application does not guarantee an interview or offer of employment.
- 6) All job offers may be contingent on satisfactory completion of background investigation, drug screen and a fitness for duty assessment. Job offers are not final until confirmed in writing.
- 7) Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

Please initial and date after reading the hiring process above: _____

HOW DID YOU FIRST HEAR ABOUT THIS JOB?

(Please select one. For statistical purposes only)

How Did You Learn About Us?

- | | | | |
|------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Job Posting | <input type="checkbox"/> Walk In | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Internet Posting | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Other _____ |



This form must be completed to be considered for employment

The Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report. Questions about the use of conviction/criminal history information in the application process may be referred to Human Resources at (509) 326-9540.

Applicant Name (Last) (First) (M.I.)

Maiden Name/Aliases

Position or type of work applied for:

1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

Yes No If Yes, check all that apply and describe in the box below. * SEE PART 5 BELOW.

- Arson (1st degree)
Assault, Custodial
Assault, Simple (or 4th Degree Assault)
Assault (1st/2nd/3rd Degree)
Assault of a Child (1st/2nd/3rd Degree)
Burglary (1st Degree)
Child Abandonment
Child Abuse or Neglect (RCW 26.44.020)
Child Buying or Selling
Child Molestation (1st/2nd/3rd Degree)
Commerical Sexual Abuse of a Minor
Communication with a Minor
Criminal Abandonment
Criminal Mistreatment (1st/2nd Degree)
Custodial Interference (1st/2nd Degree)
Custodial Sexual Misconduct(1st/2nd Degree)
Endangerment with a Controlled Substance
Extortion (1st/2nd/3rd* Degree)
Forgery*
Incest
Indecent Exposure - Felony
Indecent Liberties
Kidnapping (1st/2nd Degree)
Malicious Harassment
Manslaughter (1st/2nd Degree)
Murder, Aggravated
Murder (1st/2nd Degree)
Patronizing a Juvenile Prostitute
Promoting Pornography
Promoting Prostitution (1st Degree)
Prostitution
Robbery (1st/2nd Degree)
Rape (1st/2nd/3rd Degree)
Rape of a Child (1st/2nd/3rd Degree)
Selling/Distributing Erotic Material to a Minor
Sexual Exploitation of a Minor
Sexual Misconduct with a Minor (1st/2nd Degree)
Theft (1st/2nd/3rd* Degree)
Unlawful Imprisonment
Vehicular Homicide
Violation of Child Abuse Restraining Order

2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture to deliver a controlled substance?

Yes No

3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

Yes No

4. MEDICARE-MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program or convicted or any crime connected with the delivery of a healthcare item or service?

Yes No

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

Yes No

Have you ever been excluded from providing services under Medicare, Medicaid, or any other federal funded healthcare program?

Yes No

5. For all items checked in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.

You will not be considered for employment if you do not complete and sign this form.

SIGNATURE

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize the West Central Community Development Association to make inquiries regarding my education, work experience, references, unless otherwise stated, and criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the Center's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature _____ Date _____