



# APPLICATION FOR EMPLOYMENT

(TYPE OR PRINT IN INK THE REQUESTED INFORMATION)

Date \_\_\_\_\_

IslandWood provides equal employment opportunities (EEO) to all qualified employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. In addition, IslandWood complies with applicable state and local laws governing nondiscrimination in employment. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

This application will be considered active for thirty (30) days. If you have not been employed within this period and are still interested in employment with IslandWood, please contact the office where you applied and request that your application be reactivated.

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 Last First Middle

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 Street City State ZIP

If hired, can you furnish proof of age?  Yes  No

If hired, can you furnish proof that you are legally entitled to work in the-US?  Yes  No

Have you previously been employed by IslandWood?  Yes  No

If Yes, please indicate dates of employment: \_\_\_\_\_ Position: \_\_\_\_\_

Can you perform the essential functions of the job, with or without reasonable accommodation?  Yes  No

## AVAILABILITY

I am applying for the following position: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary

If applying for part-time employment, please indicate the hours and days you are available to work: \_\_\_\_\_

If applying for temporary employment, please indicate the dates you are available to work: \_\_\_\_\_

## EDUCATION

Schools Attended (include current)	City - State	Years Completed	Diploma/Degree
High School		XXXX	
College or University			
Other			
Scholastic Honors, Scholarships, etc.			

Do you have any other experience, training, qualifications, or skills which would apply to the position for which you are applying? Please list:

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**EMPLOYMENT HISTORY**

Please list your employment record, including any periods of unemployment. Begin with your most recent employer. If you were employed under another name, please enter under Company Name. **This application form must be completely filled out.**

Company Name		Telephone (    )
Company Address		
Name of Supervisor	Employed (month and year) From                      To	
State job title, nature of work performed, and job responsibilities		Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		Telephone (    )
Company Address		
Name of Supervisor	Employed (month and year) From                      To	
State job title, nature of work performed, and job responsibilities		Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		Telephone (    )
Company Address		
Name of Supervisor	Employed (month and year) From                      To	
State job title, nature of work performed, and job responsibilities		Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		Telephone (    )
Company Address		
Name of Supervisor	Employed (month and year) From                      To	
State job title, nature of work performed, and job responsibilities		Reason for leaving
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES**

List business or educational references of three (3) non-relatives who are qualified to evaluate your education or work experience.

Name:	Address:	Position:	Telephone No.

I certify that information contained in this application is true and correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for disqualification from further consideration or for dismissal from employment. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of IslandWood.

I understand and acknowledge that any employment relationship with IslandWood is of an at-will nature. This means that I may resign at any time with or without notice and IslandWood may terminate my employment at any time, with or without cause, and with or without notice. I further understand that no personnel recruiter, interviewer, or any other representative of IslandWood, other than the President and CEO, has any authority to enter into any agreement for employment for any specified duration or period of time.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Applications for Employment (and other requested application materials) should be emailed to:

employment@islandwood.org

or mailed to:

IslandWood  
Attn: Employment Search Committee  
4450 Blakely Avenue NE  
Bainbridge Island, WA 98110