

List 3 references, other than former employers, who have known you for more than 1 year

REFERENCES

Name	Mailing Address	State	Zip Code	Phone #
Name	Mailing Address	State	Zip Code	Phone #
Name	Mailing Address	State	Zip Code	Phone #

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any omission of facts, misrepresentation, or statements or implications I might make in this application or in any other required document or interview shall be considered sufficient cause to deny employment, or for discharge if already employed.

In connection with my application for employment, I understand that Boost Collaborative may conduct investigative background inquiries on me. This may include, but not limited to: accrediting or licensing agencies, former employers, schools, consumer credit, and various federal, state, and other agencies which maintain records concerning any criminal history. I further understand that if I ever fail to be cleared for employment in a position with unsupervised access to children or vulnerable adults, It shall be cause for denial of employment, or if already employed, immediate dismissal.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time, and Boost Collaborative may discharge employee at any time with or without cause. It is understood that this "at will" employment may not be changed by expiration date of application, any oral or written agreement, or by conduct unless such change is specifically acknowledged in writing by an authorized agent of this organization.

I understand that any offer of employment can only be made in writing by an authorized agent of Boost Collaborative and is conditioned upon satisfactory completion of the verification process as required by the Immigration Reform and Control Act of 1986.

I recognize that nothing contained in this application or in the granting of an interview is intended to create or imply an employment contract between Boost Collaborative and myself for employment or any benefit.

Applicant's signature

Date

NOTICE

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.



Adult Employment Support Services
1235 SE Professional Mall Blvd
Pullman, WA 99163
(509) 332-6561

Children & Family Support Services
115 NW State Street, Suite 106
Pullman, WA 99163
(509) 332-4420

Palouse Treasures Thrift Store
1005 NW Nye Street
Pullman, WA 99163
(506) 332-4060

EMPLOYMENT APPLICATION

Boost Collaborative considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

APPLICATIONS WILL ONLY BE ACCEPTED IF THOROUGHLY COMPLETED

(Please Print Legibly)

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL

Name: Last _____ First _____ M.I. _____ Social Security # _____

Street Address _____ City, _____ State, _____ Zip _____

Phone: Day () _____ Evening () _____

Have you ever applied for employment with us before? Yes No

If yes, Position Applied For: _____ Month /Yr. _____

Have you ever been employed with us before? Yes No

If yes, Position Employed _____ End Date: _____

Are you available to work: Full time Part time Days Evenings Weekends

Do you have personal transportation? Yes No Willing to travel? Yes No

Are you legally eligible for work in the U.S.? Yes No
(Proof of citizenship or eligibility to work within the U.S.will be required upon employment)

Have you ever been convicted of a crime? Yes No

If "Yes", please explain: _____

Are you 18 years of age or over? Yes No

EDUCATION

HIGH SCHOOL DIPLOMA OR GED RECEIVED? YES NO

	Name and Location	Course of Study	Years Completed
College 1			
College 2			
Graduate Study			
Business/Trade			

Boost Collaborative encourages qualified applicants with disabilities to apply and advance in employment with our agency. If you will need special accommodations during our recruitment process, please notify our agency representative, in sufficient time, to provide accommodations.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Beginning with your present or most recent employment, list your work experience for at least the last ten years, including periods of volunteer work, self-employment, & U.S. Military Service. Resumes may be attached but will not be accepted as a substitute for completing this section.

EMPLOYMENT HISTORY

Are you currently employed? Yes No

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Monthly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Monthly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Monthly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Monthly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

HISTORY CONTINUED

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Monthly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

Company Name		Telephone ()	
Address	City	State	Zip
Job Title	Employed From	To	Weekly or Hourly pay Start End
Job Duties			
Reason for Leaving:			
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Supervisor:

(If you need additional space, please continue on a separate sheet of paper.)

SKILLS

Check Skills/Equipment which you can demonstrate proficiency:

Computers:	Spreadsheet	<input type="checkbox"/>	Database	<input type="checkbox"/>
	Word Processing	<input type="checkbox"/>	Desktop Publishing	<input type="checkbox"/>
Medical Care:	First Aid	<input type="checkbox"/>	Bloodborne Pathogens	<input type="checkbox"/>
	CPR	<input type="checkbox"/>	Behavior Management	<input type="checkbox"/>
Foreign Language(s):	_____			

Please list any additional specialized training, education, skills, licensing or certification that may be relevant to the position applied for:

ASSOCIATION

Membership in Professional or Civic Organizations
