



EVERETT CHORALE ASSOCIATION PO BOX 485 EVERETT, WA 98206
Employment Application

DATE COMPLETED: _____ **Email** _____

Name (Last name First)		Social Security No.	
Present Address		City	State
Are you 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No		Day phone	Evening/Cell phone
		Zip	

DESIRED EMPLOYMENT

Position applied for	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we make an inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who referred you to this organization?		

EDUCATION

School Level	Name and Location of School	# Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Graduate School				

GENERAL INFORMATION

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language, additional work experience, volunteer work, activities, accomplishments, publications etc. (Please use reverse side for addition information.)

Special training _____

Previous Experience _____

Name of present or last employer				
Address		City	State	Zip
Starting date	Leaving date		Job title	
Starting wage:	Ending wage:		May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving _____				

Name of employer				
Address		City	State	Zip
Starting date	Leaving date		Job title	
Starting wage:	Ending wage:		May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving _____				

Name of employer				
Address		City	State	Zip
Starting date	Leaving date		Job title	
Starting wage:	Ending wage:		May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone	
Description of work				
Reason for leaving _____				

BUSINESS/PROFESSIONAL REFERENCES

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Name	Address	Relationship	Phone #	Years known
1				
2				
3				

AUTHORIZATION

Are you legally authorized to work in the USA? Yes No
(Should you be contracted by the Everett Chorale Association, you will be required to provide documentation proving that your eligibility to work in the USA).

I authorize **the Everett Chorale Association (ECA)** to obtain any relevant information (including extensive local and national criminal background checks, social security verification credit history and motor vehicle investigations) needed to make a decision or acceptance into the caregiver registry. I authorize **ECA** to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize **ECA** to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release **ECA** from any individual or entity providing information to **ECA** from all liability for any damages from the disclosure of the information.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if **contracted by the ECA**, falsified statements on this application shall be considered grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature

Date

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. Et Seq) and 45 C.F.R. part 80, section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C/ 6101 Et Seq) and 45 C.F.R. Part 91, All About Care adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and/or acceptance into the Care Providers Registry , and for all persons employed by the agency. All About Care does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.

8/24/2017

**Send completed application form and cover letter with resume and references to:
Shauna Croft: Search Committee Chair: shaunacroft1@yahoo.com**