Home of the Edmonds Senior Center

Connecting & Enriching Our Community

PO Box 717 • Edmonds WA 98020 • (425) 774-5555 • www.edmondswaterfrontcenter.org

Edmonds Waterfront Center Employment Application (please print and then fill out form)

PERSONAL INFO	ORMATION				
Name:			Date:		
Address:					
Oity:	State:	Zip Code:	Number: () _		
Position desired?					
Can you perform YES [] NO []	the essential	functions of the po	sition for which you a	are applying?	
			s to what functions ar e interviewer before	e applicable to the you answer this question)	
When are you av	ailable to beg	jin work?			
Are you legally el	igible to be e	mployed in the Unit	ed States? YES [] N	10[]	
Proof of identity and eligibility will be required upon employment)					
Are you over the	age of 18 yea	ars? YES [] NO []			
(If no, you may be	e required to	provide authorization	on to work.)		
Have you ever wo	orked for the	Edmonds Waterfro	nt Center before? YE	[] NO []	
f yes, where?	Whe	n? (Give dates)	Job Title: _		
Do you have any			the Edmonds Water	front Center? YES [] NO	
Are you available work full time, ple		YS [] NIGHTS [] W	/EEKENDS [] FULL	TIME [] If you cannot	

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Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
То:							

Are you presently employed? YES [] NO []

If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

Account for any full month since leaving school (high school or college) that you were not working:

From		То	Reason	
Mo/Yr				
Mo/Yr				
Mo/Yr				

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or				
Trade School				
Graduate Work				

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Have you completed any special courses, seminars and/or training directly related to position for which you are applying? YES [] NO [] If yes, please describe:					
List academic honors, extraculus college: (Omit any which reflect marital status or disabilities.)			s held, etc. in high school or gion, age, sex, sexual orientation,		
EMPLOYMENT					
Start with your current or most	recent pos	ition			
Name of Employer		Telephone Number			
Full Address (Including Street, & Zip)	City, State	Supervisor'	s Name and Title		
Dates Employed	From Mont	h/Day/Year	To Month/Day/Year		
Describe the Work Performed					
Name of Employer		Telephone	Number		
Full Address (Including Street, & Zip)	City, State	Supervisor'	s Name and Title		
Dates Employed	From Mont	h/Day/Year	To Month/Day/Year		
Describe the Work Performed					

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Name of Employer	Telephone Number			
Full Address (Including Street, & Zip)	City, State	Supervisor'	s Name and Title	
Dates Employed From Mor		h/Day/Year	To Month/Day/Year	
Describe the Work Performed				
Use an additiona	al sheet of p	paper if mor	e space is necessary.	
PERSONAL REFERENCES				
Give three references (not relat	ives or emp	oloyers)		
Name		Occupation		
Full Address (Including Street, City, State & Zip)		Telephone Number		
StreetStateZip	_			
Name		Occupation		
Full Address (Including Street, City, State & Zip)		Telephone I	Number	
Street				

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CityState Zip	
Name	Occupation
Full Address (Including Street, City,	Telephone Number
State & Zip)	
Street	
CityStateZip	
	nd all qualified applicants will receive consideration for religion, sex, national origin, disability status, rracteristic protected by law.
IMPORTANT, PLEASE READ AND SIGN	N
	lication for Employment can result in tion or, if hired, may be grounds for termination derstand that if I am hired, my employment is for
Signed:	