APPLICATION FOR EMPLOYMENT

PILCHUCK UNISERV COUNCIL

2710 Grand Ave, Everett, WA 98201 (425) 258-3697

POSITION: UniServ Director for the Pilchuck UniServ Council

Last Name		First Name		Middle Initial
Address				
City	State			Zip Code
Telephone (Home)	Telephone (Work)		Email Addre	ess
<u>EDUCATION</u>				
College or University	When Attended	City/State	Major	Degree
College or University	When Attended	City/State	Major	Degree
College or University	When Attended	City/State	Major	Degree

EMPLOYMENT HISTORY

List all current and former employers during the last 10 years, beginning with the most recent. Account for periods between jobs. Attach separate sheets if necessary.

Last or present job:				
Employer:				
	(Year)		(Month)	0/
(Month)	(Year)		(Month)	(Year)
Employer's City/State/Te	elephone:			
Your Title:			Full Time	_ Part Time:
Immediate Supervisor:				
Specific Duties:				
Previous job:				
From:(Month)	(Year)	_	(Month)	(Year)
Employer's City/State/Te	elephone:			
Your Title:			Full Time	_ Part Time:
Immediate Supervisor:				
Specific Duties:				
Previous job:				
Employer:				
	(Year)		(Month)	
(Month)	(Year)		(Month)	(Year)
Employer's City/State/Te	elephone:			
Your Title:			Full Time	Part Time:
Immediate Supervisor:				
Specific Duties:				

REFERENCES

Please complete the information below for the individuals who are writing the two professional reference letters we have requested:

Reference 1:		Reference 2:			
Name:	· · · · · · · · · · · · · · · · · · ·	Name:			
Address:		Address:			
Phone(s):		Phone(s):			
Please comple	te the information below for the three add	itional references we have requested:			
Reference 1:		Reference 2:			
Name:	-	Name:			
		Address:			
Phone(s):		Phone(s):			
Reference 3:					
Name:					
Phone(s):					
The Pilchuck UniServ Council is an equal employment opportunity employer and does not discriminate on the basis of race, creed, color, national origin, gender, sexual orientation, age or the presence of any sensory, mental or physical disability or any other classification protected by federal, state or local law.					
PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION: understand that:					
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1.	Falsification of information in this application may result in cancellation of this application, and if employed, may be cause for immediate dismissal.				
2.	 If employed, my employment is subject to satisfactory reference checks and approval of bond application (if applicable). 				

Date:_____

Signature:_____