

United Way of Central Washington ContactsHave you ever filed an application with United Way of Central Washington before? Yes No

If yes: When? _____ Where? _____

Have you ever been interviewed by United Way of Central Washington? Yes No

If yes: When? _____ Where? _____

Have you ever been employed by United Way of Central Washington or any other United Way? Yes No

If yes: Which one? _____ Dates of employment? _____

Do you have a friend or relative who works for United Way of Central Washington or serves on the Board of Directors?
 Yes No

If yes: What is the employee's name? _____

For which organization does the employee work? _____

Interest in Employment with United Way of Central Washington

Briefly state reasons for interest in employment:

Work Experience

Please complete the following sections. Include all employment during the last 10 years or your most recent 4 employers and any other relevant experience. Failure to do so may result in the rejection of your application. Statements such as "see resume" do not substitute for completing any portion of the application; however, you may attach a resume in addition to completing all requested information. If necessary, attach additional sheet(s) to show all relevant experience, including military experience. Please begin with your most recent employment experience and include periods of unemployment.

Current Employer	Date (Month/Year) From To	Hourly Rate/Salary (starting): Hourly Rate/Salary (final/current):
Address		Duties:
Job Title:	Hours Per Week	
Supervisor's Name	Phone Number ()	
Reason for Leaving		
Employer	Date (Month/Year) From To	
Address		Duties:
Job Title:	Hours Per Week	
Supervisor's Name	Phone Number ()	
Reason for Leaving		
Employer	Date (Month/Year) From To	
Address		Duties:
Job Title:	Hours Per Week	
Supervisor's Name	Phone Number ()	
Reason for Leaving		

If currently employed, may we contact your employer? Yes No

Education				
Check highest level completed:				
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> College (# of years)	<input type="checkbox"/> AA	<input type="checkbox"/> Masters	<input type="checkbox"/> Other
<input type="checkbox"/> GED	1 2 3 4 5 (circle)	<input type="checkbox"/> BA/BS	<input type="checkbox"/> PhD	
School Name/Location	From (mo/yr)	To (mo/yr)	Diploma/Degree	Major
High School	XXXX	XXXX		
College/University				
College/University				
Other				
Skills				
<input type="checkbox"/> Typing _____wpm	<input type="checkbox"/> Word processing _____			
<input type="checkbox"/> Ten Key _____kph	<input type="checkbox"/> Spreadsheet _____			
<input type="checkbox"/> Data Entry _____	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Other Specific Skills:		
Additional Education				
List workshops/training/seminars attended:			Dates:	
References				
List three previous work references:				
Name	Address	Phone/E-mail	Years Acquainted	
		()		
		()		
		()		

Applicant's Verification and Consent

I understand that the completion and submission of this application in no way obligates United Way of Central Washington to hire me. I hereby verify that all statements made by me are true and complete, and that there is no misrepresentation, falsification or omission of the information provided above. I am aware that if United Way of Central Washington discovers any misrepresentation, falsification or omission, such discovery will constitute grounds for the rejection of my application or my immediate dismissal if I have been hired, regardless of the length of my employment. By completing this application, I verify that I am genuinely interested in employment with United Way of Central Washington and have not made application under any false pretense.

I acknowledge that United Way of Central Washington will contact my former employers and/or other references. I agree I will sign a separate consent for United Way of Central Washington to procure information about me from those persons and releasing all such parties connected with any provision of information from all claims, liability, and damages for whatever reason relating to the furnishing of this information.

I acknowledge that United Way of Central Washington may perform a background investigation that includes, among other things, a review of my record with law enforcement agencies. I further acknowledge that I will sign a separate consent permitting United Way of Central Washington to conduct such an investigation.

I understand that, if I am employed, there will be no specific term of employment and that the nature of the employment relationship is at-will, meaning either United Way of Central Washington or I may terminate the employment relationship at any time, for any reason. I understand that no representative of United Way of Central Washington, other than the President, has the authority to enter into any employment agreement for a specified period of time. Any such authorized agreement will not be enforceable unless in writing.

If employed, I understand that my employment shall be in accordance with the terms of (i) this application and (ii) United Way of Central Washington's policies and procedures. I understand neither this application nor United Way of Central Washington's policies and procedures constitute a guarantee or contract for employment. I understand United Way of Central Washington requests two weeks' notice if I wish to resign.

If employed, I will not disclose any of United Way of Central Washington's confidential information, whether written or otherwise, including and without limitation all files, records and manuals relating to the business of United Way of Central Washington or any entity with whom United Way of Central Washington has dealings, nor will I make use of such information in any fashion after my employment with United Way of Central Washington.

Printed Name: _____

Signature of Applicant: _____ Date: _____