

West Central Community Center

1603 N Belt - Spokane, WA 99205 (509) 326-9540 westcentralcc.org



Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, creed, national origin, sex (including pregnancy), age, marital status, disability, veteran status, and any other status as protected by applicable law. WCCC encourages candidates and employees with disabilities to request accommodations, when needed, for testing; recruitment; the interview process; or to enjoy the benefits and privileges of employment. If you have an accommodation need, please notify the WCCC Front Desk. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. WCCC is a drug free and smoke free work place.

(Please print or type all information and answer all questions completely)						
First Name	Middle Initial		Last Na	Last Name		
Address instruction 7	to Oodo					
Address including Zi	p Code					
Home Phone #	Cell Phone #	Message Phon	e# Fmail	Address:		
nome i nome "		message i non	C II	Addi 000.		
	ge, or over? Yes No					
	work in the United States? orior employment:		_			
Position Applied For:			Date of Application:			
	Time Evening Shift	Weekends	Temporary			
Date available for work	k?					
Have you ever been	employed with us before?	If yes, give date _		Yes 🗆 No		
	atives currently employed bosition, and relationship.					
	e and a smoke free workplation under this provision?					
	tion requiring the transport nce. Are you 25 or older <i>(a</i>					
-	ne above, do you have both	_				
	involuntarily discharged (fi , give dates and circumstar		uit) in lieu of discharge	e from a position?		
affect our review of y	current employer about yo your qualifications. If you a you a job, we will contact yo	nswer "No" and we	e need to contact your	present employer		
	ast employers listed in this se you do not wish to be co					
must complete a C information will ca	onvicted of any crime ar Conviction/Criminal Histonuse your application or or omission. Please co	ory Information I possible employ	Form. Failure to discoment to be terminat	lose this ed for		

Name, city and state of schools attended	Did You	Graduate (Y/N)?	Degree Received	
College				
	-			
Other	- —			
Employment Experience				
seginning with your present or most recent emploi nilitary service assignments and volunteer activition				ated
Name and address of employer:				
Immediate Supervisor:	Phone #:			
Job Title:		Dates (month/year): F	From To:	
Reason for leaving:			_	
Description of work:				
Name and address of employer:				
Immediate Supervisor:	Phone #:			
Job Title:	-	Dates (month & year)	: From To:	
Reason for leaving:				
Description of work:		·	_	
Name and address of employer:				
Immediate Supervisor:	Phone #:			
Job Title:		Dates (month & year)	: From To:	
			<u> </u>	
Reason for leaving:				

References: Give name, address and telephone number of three references not related to you. Would prefer work-related references, if possible.						
1						
3.						
Applicant's Statement: I certify that I have read and understand all questions and statements conta all statements I have made herein are true and correct to the best of my kn						
understand the completion of this form does not guarantee me status as an applicant or any consideration or employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered. In the event I am employed, (I understand employment is 'at will' and all employees are subject to ermination at the discretion of the company). In the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by WCCC at their discretion.						
l understand and consent to a pre-employment reference and criminal history check. This inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 –WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law.						
I release and hold harmless the West Central Community Center, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that should I be offered a position with the West Central Community Center and it is determined that I have provided false or incomplete information, the West Central Community Center may revoke my offer of employment.						
I authorize the company to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party with a legal and/or proper interest.						
I understand and accept that my employment is conditional upon my satisfactorily passing a drug screening, if one is requested. This is to be given by a physician, clinic or other health care provider selected by the Center.						
I understand and agree that if this position requires the handling of funds or other valuables a credit report may be required and evaluated as part of the candidacy process.						
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that employment is provisional and conditioned upon verification of no criminal or other history which would disqualify me from employment based on WCCDA policy, rules, regulations or any other stipulations imposed/required in the administration of its programs or activities. I understand I am required to abide by all rules and regulations set forth in the company's policy manual or other communications distributed to all employees. I hereby further certify that I understand that employment with West Central Community Center is at will and subject to termination by West Central Community Development Association.						
Signature of Applicant	Date					
HOW DID YOU FIRST HEAR ABOUT THIS	S JOB?					
(Please select <u>one</u> . For statistical purpose How Did You Learn About Us?	es only)					
□ Newspaper □ Job Posting □ Walk In	☐ Employment Agency					
□ Relative □ Internet Posting □ Job Fair	□ Other					