



# APPLICATION FOR EMPLOYMENT

TITLE OF POSITION \_\_\_\_\_

**INSTRUCTIONS:** Please read the full job description before completing this application form. All sections of this form must be completed and submitted to ECA before applicant will be considered for employment. **Return completed form to Edmonds Center for the Arts, 410 4th Ave N, Edmonds, WA 98020.** Application, resume and any other required information must be received by 5:00 p.m. on the closing date listed in the full job description.

## GENERAL INFORMATION

LAST NAME:	M.I.:	FIRST NAME:
ADDRESS:	CITY:	ST: ZIP:
E-MAIL:	PHONE # (HOME)	PHONE # (CELL)

Can you meet the attendance requirements of this position?	YES _____	NO _____
If NO, please explain:		

<b>AUTHORIZATION TO WORK:</b> Are you legally authorized to work in the USA?	YES _____	NO _____
(You will be required to provide applicable I-9 information, if selected)		

Have you been convicted of a felony or have you served time in a correctional institution within the past 10 years? (If the crime has no bearing on your qualifications and fitness to accept the responsibilities of the position, it will not be considered in the application process.)	YES _____	NO _____
If Yes, please explain:		
<i>(A criminal conviction will not necessarily bar you from employment with Edmonds Center for the Arts)</i>		

## EDUCATION

High School - Name/Location:	Graduate?	YES: _____	NO: _____	G.E.D.: _____
College(s) - Name(s) & Location(s):	Dates Attended		Major / Minor	Degrees Received
	From	To		
Other Courses and Training:	Location	Length of Course	Completion Date	

I heard about this Edmonds Center for the Arts job opportunity:			
Seattle Times/PI _____	Other News Source _____	ECA Website _____	Other _____

<b>REFERENCES:</b> (Please do not list relatives)		
Name	Address	Email or Phone
1)		
2)		
3)		

**EMPLOYMENT HISTORY:** Start with present or most recent job. Include military service and periods of unemployment of one month or more. Include appropriate volunteer service. Be as complete as possible in outlining the duties of each position.

Employer:	Job Title:	
City & State:	1) _____	
Supervisor's Name: _____ Ph: _____	2) _____	
Supervisor's Title:	Duties: 3) _____	
Start Date (Mo./Yr.): _____ End Date (Mo./Yr.): _____	4) _____	
Reason for Leaving:	5) _____	
	Full Time:	Part Time: _____

Employer:	Job Title:	
City & State:	1) _____	
Supervisor's Name: _____ Ph: _____	2) _____	
Supervisor's Title:	Duties: 3) _____	
Start Date (Mo./Yr.): _____ End Date (Mo./Yr.): _____	4) _____	
Reason for Leaving:	5) _____	
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Supervisor's Name: _____ Ph: _____	2) _____	
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Start Date (Mo./Yr.): _____ End Date (Mo./Yr.): _____	4) _____	
Reason for Leaving:	5) _____	
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Employer:	Job Title:	
City & State:	1) _____	
Supervisor's Name: _____ Ph: _____	2) _____	
Supervisor's Title:	Duties: 3) _____	
Start Date (Mo./Yr.): _____ End Date (Mo./Yr.): _____	4) _____	
Reason for Leaving:	5) _____	
	Full Time:	Part Time: _____

List other jobs you have held or any additional information that relates to your qualifications for this position (attach resume and/or other supplemental information as required).


**DRIVER'S RECORD REQUIREMENT:** For positions requiring a valid Drivers License (see job description), a 5-year Employment Driving Record Abstract from the State Department of Licensing is required and must be attached to the completed employment application. Applicants without the abstract will not be considered. A driving record abstract can be obtained at any State DOL office upon request. A nominal fee, plus your Drivers License for identification, is required by the State DOL office.

**AUTHORIZATION AND CERTIFICATE**

I hereby certify that the statements made on this application are correct. I also certify that I have read the job announcement and can perform the essential job functions, with or without reasonable accomodation. I understand inclusion of a false or misleading statement is grounds for rejection of my application or for termination from Edmonds Center for the Arts if I am employed. Further, I hereby authorize Edmonds Center for the Arts to obtain background information on my history relevant to this position to include: contact with past employers, schools, references, driving record, and criminal convictions. I release Edmonds Center for the Arts and my previous employers from all liability in connection with the release of such information, and hold harmless Edmonds Center for the Arts, Edmonds Public Facilities District and the City of Edmonds, as well as the officers and employees of these entities from any claim or loss arising from such release. **PLEASE PRINT, SIGN AND SEND COMPLETED APPLICATION TO ECA.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_