

# Edmonds Center for the Arts Employment Application

**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 Application Form, Voluntary EEO Survey, Cover Letter, Resume and other required materials to Edmonds Center for the Arts, 410 4th Ave N, Edmonds, WA 98020, or email to: [careers@ec4arts.org](mailto:careers@ec4arts.org)  
All information must be received by 5:00 p.m. on the closing date listed in the full job description.

410 Fourth Avenue North  
Edmonds, WA 98020  
[careers@ec4arts.org](mailto:careers@ec4arts.org)  
[www.ec4arts.org](http://www.ec4arts.org)

## General Information

Positions Applied for: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## Employment Preferences

Type:  Full-Time  Part-time  Full or part-time Are you available to work overtime if necessary?  Yes  No  
Date available to begin work? \_\_\_\_\_ Are you legally authorized to work in the US?  Yes  No

## Education and Training

Type of School	Name of School	Year Graduated	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

**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.

### Present or Last Employer

Name of last supervisor: \_\_\_\_\_ May we contact your employer:  Yes  No  
Complete Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

### Previous Employer

Name of last supervisor: \_\_\_\_\_ May we contact your employer:  Yes  No  
Complete Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Continue on the next page

Previous Employer \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_ May we contact your employer:  Yes  No

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Previous Employer \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_ May we contact your employer:  Yes  No

Complete Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Last job title: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Additional Skills

Can you meet the attendance requirements of this position?

If no, please explain why: \_\_\_\_\_

Where did you find this job posting? \_\_\_\_\_

References: *(Please do not list relatives)*

1) Name:  Address:  Email or Phone #:

2) Name:  Address:  Email or Phone #:

3) Name:  Address:  Email or Phone #:

**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 accommodation. 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.

Date  Signature