



# EMPLOYMENT APPLICATION

It is SNAP's policy to provide equal employment opportunities to all qualified individuals without regard to race, color, religion, national origin, marital or veteran status, genetic information, gender, age, non-disqualifying physical or mental disability, sexual orientation, or any other legally protected status.

This application **MUST** be completed in its entirety. **Each position requires a separate application.** Please print or type. Although you may include a resume, applications with "see resume" will not be considered. If you need assistance completing this application, please have the preparer sign, as preparer, on the last page of the application under the signature of applicant.

**Please return application, resume' and cover letter to SNAP Administration, 3102 W. Ft. George Wright Dr. Spokane, WA. 99224 or fax to (509) 534-5874**

Position for Which You Are Applying (one position per application)			Date	
Name (Last, First, MI)		Other Names Under Which Employed		
Street Address		City	State	ZIP Code
Home Phone	Cell/Message Phone	Email Address	Social Security No. (optional)	

How did you learn about this position?				
<input type="checkbox"/> Newspaper	<input type="checkbox"/> SNAP Employee or Office	<input type="checkbox"/> Agency	_____	
<input type="checkbox"/> SNAP's Website	<input type="checkbox"/> School or College	<input type="checkbox"/> Other	_____	

Availability:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
When would you be available to begin work? _____				

Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a legal right to work in this country? <i>(Proof will be required if you become employed by us.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by us before? If yes, date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives employed by us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If required, do you have a valid driver's license for your state of residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently hold a professional license (other than drivers license)? If yes, please state type, license number and issuing state _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a professional license suspended or revoked or been subject to licensing disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you interested in learning more about SNAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*This application is intended to provide information for evaluating your suitability for employment. It is not intended nor may it be construed to be a contract for employment of any type whatsoever. Please read each question carefully and provide honest and complete answers.*

**EMPLOYMENT HISTORY** (Use an additional Employment History sheet if necessary)

List each job held, starting with your present or most recent job. Include military experience, if applicable. A resume does not take the place of completing the employment history section.

Present Employer	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed
Address	Dates (from/to)	
City, State	Starting Salary	
Job Title	Ending Salary	How many hours worked per week?
HR/Personnel- Phone Number	If supervisory, how many employees supervised?	Reason for Leaving or Wanting To Leave

Previous Employer	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed
Address	Dates (from/to)	
City, State	Starting Salary	
Job Title	Ending Salary	How many hours worked per week?
HR/Personnel- Phone Number	If supervisory, how many employees supervised?	Reason for Leaving

Previous Employer	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Performed
Address	Dates (from/to)	
City, State	Starting Salary	
Job Title	Ending Salary	How many hours worked per week?
HR/Personnel- Phone Number	If supervisory, how many employees supervised?	Reason for Leaving

**EDUCATION**

Name of School	City/State	From/To	Degree or Diploma Received	Major Studies
High School		N/A		
College				
Other				
Other				

**JOB-RELATED SKILLS INVENTORY**

<p>List computer experience and software:  <b>Please be detailed, years of experience etc.</b>  <input type="checkbox"/> Word Processing _____  <input type="checkbox"/> Spreadsheet _____  <input type="checkbox"/> Database _____  <input type="checkbox"/> Other _____</p>	<p>Typing Speed: _____ wpm</p>
	<p>Languages Spoken and Written (other than English):</p>
	<p>Other office machinery:</p>
<p>Describe any other training or qualifications relating to this position (such as seminars, military training, specialized equipment, professional affiliations, licenses, certificates or awards, etc.). <i>You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status, if you wish.</i></p>	

**ADDITIONAL INFORMATION**

<p>Please state any additional information you feel may be helpful in considering your application.</p>



FAX

To: \_\_\_\_\_

FROM: \_\_\_\_\_

FAX# \_\_\_\_\_

FAX#: \_\_\_\_\_

**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

I certify that the information provided herein is true and complete to the best of my knowledge. In the event of employment, I understand that any false or misleading information provided in this application or during the interview and selection process may result in discharge.

I hereby authorize SNAP to investigate the foregoing information, statements, references, and previous employers, and I further authorize the release of any such information without liability.

I understand that all job offers are contingent upon successful completion of a background check and review, and voluntarily authorize SNAP to obtain information regarding criminal history, performance levels, reliability, responsibility, honesty and/or any other employment- or volunteer-related activity. **I understand that SNAP adheres to the DSHS Secretary’s List of Crimes and Negative Actions for ALTSA Providers which can be found here:**

<http://apps.leg.wa.gov/wac/default.aspx?cite=388-113-0020>.

**I understand this list can also be found on SNAP’s website in the employment section.**

I further release SNAP and its agents, to the full extent permitted by law, from any claims, damages, losses, liabilities, and expenses arising from the retrieving and reporting of information.

I understand this application is not, nor is it intended to be, a contract of employment.

I understand that, in the event of employment, I am required to abide by all rules and regulations of SNAP.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REFERENCES** Please list three references who can comment on your work performance.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

**Preparer or translator certification:** I attest, under penalty of perjury, that I assisted in the completion of this form and to the best of my knowledge the information is true and correct.

Signature, Name, and Phone: \_\_\_\_\_

**Thank you for your interest in SNAP!**

## AFFIRMATIVE ACTION APPLICANT SURVEY

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, genetic information, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used in periodic government reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please return this page with your application. It will be kept in a confidential file separate from the Employment Application.

Name	Position Applied for	Date
How did you learn about this position?		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> SNAP Employee or Office	<input type="checkbox"/> America's Job Bank
<input type="checkbox"/> SNAP's Website	<input type="checkbox"/> School or College	<input type="checkbox"/> Agency _____
<input type="checkbox"/> Employment Security/WorkSource		<input type="checkbox"/> Other _____

**Gender:**  Female  Male

**Race/Ethnic Group (check only one of the following):**

- American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino):** all persons having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** all persons of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  - Hispanic or Latino (White race only):** a person of, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race.
  - Hispanic or Latino (all other races):** a person of, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any other race other than White.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino):** all persons having origins in any of the original peoples of Europe, the Middle East, or North America. , as well as those having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Veteran Status:**

- Vietnam Era Veteran       Disabled Veteran       Other Eligible Veteran