



Application For Employment

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Seattle, WA 98144
Phone: (206) 957-4626
Fax: (206) 329-0786

url: www.elcentrodelaraza.org

El Centro de la Raza is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, age, gender, marital status, national origin, disability, veteran status, sexual orientation or any other legally protected status. Please notify our receptionist if you need any accommodation with any part of our application process.

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE PRINT CLEARLY, REMEMBER TO READ AND SIGN THE LAST PAGE. WHEN COMPLETED, ATTACH YOUR RESUME.

Position(s) applied for						Date of Application	
Last Name		First Name		Middle Name			
Address		Number & Street		Apt #	City	State	Zip Code
Phone Number		Email				Social Security (optional)	

(1) Are you available to work Full Time Part Time Temporary

(2) Salary Requirements: _____

(3) Have you ever worked at El Centro de la Raza: Yes No

(4) If yes, dates of last employment at El Centro de la Raza: _____

(5) Driver license Number _____ State _____ Expiration Date _____

(6) If offered employment, can you provide documentation that you have a right to work in the United States? _____

(7) EMPLOYMENT HISTORY. Starting with your current position and going backward, please provide the following information about all employment you have held. This section must be completed entirely. Do not substitute a resume (but attach later please). Explain all gaps in continuous employment.

Employer:
Address:
Telephone Number
Job Title:
Responsibilities:
Reason for Leaving:
Dates of Employment:
May we contact this employer?
Comments:

Employer:
Address:
Telephone Number
Job Title:
Responsibilities:
Reason for Leaving:
Dates of Employment:
May we contact this employer?
Comments:

Employer:
Address:
Telephone Number
Job Title:

Responsibilities:
Reason for Leaving:
Dates of Employment:
May we contact this employer?
Comments:

(8) EDUCATION. Starting with your highest education level and working backward, please provide the following information about all formal education you have received. (Seminars, workshops, and employer-sponsored training should be included in Item 9).

	Institution	Major	Diploma/Degree & Year Received
High School			
Undergraduate College			
Graduate or Professional			
Other (specify)			

(9) ADDITIONAL TRAINING. Please describe any additional training, education or professional development you have pursued, starting with the most recent ones and working backward (Please include any Military Service).

Name of Training:	Description:	Certificates Received:
Name of Training:	Description:	

(10) Do you have any licenses or certifications which would be relevant to the position for which you are applying? Please describe.

(11) Is there any other information about you which we should know to evaluate your candidacy for the position for which you are applying? Please describe.

(12) Why are you interested in this position? _____

(13) So that we may verify the information which you have provided in this application, have you ever been known by any other name which might identify you on employment, education, military or other records? Please list the names and indicate dates when they applied.

(14) Please list three references who are not related to you, include at least two supervisors:

Name:	Relationship	Phone Number/ Email
Name:	Relationship	Phone Number/ Email
Name:	Relationship	Phone Number/ Email

IMPORTANT: There are several important aspects of employment with El Centro de la Raza which you should be aware of before completing this Application for Employment.

First: Employment with the El Centro de la Raza is at-will, which means that either the employee or the organization can terminate the employment relationship at any time, for any (or no) reason, with or without notice. This at-will employment relationship can only be modified in a writing signed, for the organization, by the Executive Director. Upon termination of my employment, I authorize El Centro de la Raza to deduct from my paycheck all money that I owe El Centro de la Raza I understand and agree to this provision.

Signature of applicant _____ Date _____

Second: El Centro de la Raza may seek to verify the information you have provided in this Application for Employment. By signing below, you authorize El Centro de la Raza, its parent, subsidiaries, affiliates and any of its employees or agents (collectively referred to as El Centro de la Raza) to contact the persons or organizations you have listed (or others) and to discuss your background with them. By signing below you also release El Centro de la Raza, and all of the persons, organizations and their agents who are contacted by El Centro de la Raza for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of verifying the information you have provided. I understand and agree to this provision.

Signature of applicant _____ Date _____

Third: I certify that all of the information which I have provided on this Application for Employment is true, and I understand that if any of the information is determined to be false, even if that determination is made years later, it will result in my immediate discharge from employment with El Centro de la Raza. I understand and agree to this provision.

Signature of applicant _____ Date _____

By typing in your name you are verifying and confirming that all the above information is accurate and true