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| ***Improving Project Confidence*** | 895 SE Clearwater Drive  Pullman, WA 99163  Phone: (509) 334-9138  Fax: (509) 334-0698  Email: Info@RelayApplication.com |

# Application for Employment

**POSITION APPLIED FOR:**

|  |
| --- |
| **Title** |

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, Middle Initial)  **,** | | | Social Security Number |
| Address (Street, City, State, Zip Code) | | | |
| Home Phone Number (     ) | Work Phone Number (     ) | Cell Phone Number (     ) | Expected Pay (not required for CA residents) |
| Preferred Contact Phone Number  Home  Work  Cell | | Have you been employed under other names?  Yes  No List Name(s): | |
| Are you legally authorized to work in the United States?  Yes  No *If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.*  Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)?  Yes  No  *If hired, verification will be required consistent with federal law.* | | | |

**EDUCATION & SKILLS**

Please list all education beginning with most recent. Indicate a diploma or degree, if completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & Location of School** | **# of yrs. Complete** | **Graduated** | | **Degree & Major** |
| Graduate School |  | Yes | If no, approx. number of credit hours completed: |  |
| College |  | Yes | If no, approx. number of credit hours completed |  |
| College |  | Yes | If no, approx. number of credit hours completed |  |
| Trade, Business or Correspondence School |  | Yes | If no, approx. number of credit hours completed |  |
| Other |  | Yes | If no, approx. number of credit hours completed |  |
| High School/GED |  | Yes | If no, approx. number of credit hours completed |  |
| **LICENSES/COMPUTER SKILLS/CERTIFICATIONS/PROGRAMS/LANGUAGES:** List technical or specialized skills/credentials relevant to this job, including certifications, professional licenses, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or specialized software or hardware. Add level of competency where appropriate (Beginner, Intermediate, Advanced) | | | | |
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**EMPLOYMENT HISTORY:** List all employment including military and volunteer service ***starting with the most current position held****.* Show employment history from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, ***but you must complete the employment section****.* This information will be used in reference checks.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Have you ever involuntarily left a job or been laid off?  Yes  No | | | |
| If Yes, please explain: | | | |

**PLEASE READ CAREFULLY AND CHECK THE BOX** ‑ I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I further understand that Relay Application Innovation, Inc. has the right to review my education, previous employment, driving, and criminal records and other background data.

RAI does not employ individuals who smoke. The RAI no-smoking policy is to protect the health of the employees, to maintain the best health benefits, and to minimize loss of productivity related to smoking illnesses. A non-smoker is someone who has not smoked for 6 months prior to accepting employment. This policy applies to employees of the RAI office that is located in Washington State.

APPLICANT’S SIGNATURE: DATE:

**EMPLOYMENT HISTORY CONTINUATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |
| Dates Employed (month/year) | | Position Title | |
| From: | To: |
| Salary (not required for CA residents) | (not required for CA residents) | Organization Name/Address | |
| Start: $ | Final: $ |
| Full-time  Part-time, hrs/wk | |
| May we contact for references  Yes  No | | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties: | | | |