



Affirmative Action Information

2113 Third Avenue, Seattle, WA 98121

Plymouth Housing Group is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this agency to provide equal employment opportunity to all qualified applicants for employment without regard to race, sex, age, color, religion, national origin, marital status, sexual orientation, veteran status, disability status or any other basis prohibited by federal, state or local law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. What race / ethnicity do you consider yourself to be? (Check only one)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Hispanic or Latino/a: a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race</p> <p><input type="checkbox"/> Asian or Pacific Islander: a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands, including, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition</p>	<p>2. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	



Application for Employment

2113 Third Avenue, Seattle, WA 98121

Should you need reasonable accommodation when completing the application form or during the selection process, contact the Human Resources Department.

Please Print.

Today's Date _____

GENERAL INFORMATION

Name _____
Last First Middle

Previous Names (Alias) _____

Present Address _____
Street City State Zip Code

Home Telephone Number (_____) _____ Message Number (_____) _____

Email Address: _____

Are you 18 years or older? Yes No

Are you legally authorized to work in the United States? Yes No

Proof of eligibility documentation must be provided at time of hire as required by law.

EMPLOYMENT DESIRED

Position Applied For _____

Do you want to work: Full-time _____ Part-time _____ Temporary/On-Call _____

Specify days and hours available to work _____

Date available to start work _____ Salary Expectations _____

Have you applied for employment with PHG within the last 12 months? Yes No

Are you or have you ever been at tenant of PHG? Yes No

If so, where _____

Have you ever worked for PHG before? Yes No

(Please provide your name of record at that time, job title and dates of employment) _____

Plymouth Housing Group is an Equal Opportunity Employer

EDUCATION

List education if it is related to the job for which you are applying.

	High School	Technical College	College	Graduate School
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

SPECIAL SKILLS/ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

MISCELLANEOUS

Have you ever been convicted of a misdemeanor or felony? Yes* No

If yes, please provide date of conviction, state and county and describe circumstances _____

Has your employment with any employer ever been involuntarily terminated? Yes No

If yes, please identify the employer, date of termination and reason for termination: _____

**A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, work history, education, and other circumstances will be considered.*

EMPLOYMENT HISTORY
(Please Begin With Your Present or Most Recent Position)

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER()	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
_____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please provide the names of **three business references** who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

SIGNATURE

APPLICANT: *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Agency and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Agency has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Agency's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the Executive Director of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Agency and its representatives to contact my prior employers, former supervisors and Agency personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Agency any job-related information, personal or otherwise, they may have regarding me and I release this Agency and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Agency, which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Agency property must be returned and any indebtedness to the Agency must be paid on or before my last day of work. I authorize the Agency to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

By signing below, I acknowledge that I have read, understand, and agree with the above statements.

Date

(Signature of Applicant)