



SCIDpda Mission: To preserve, promote and develop the Seattle Chinatown International District as a vibrant community and unique ethnic neighborhood.

EMPLOYMENT APPLICATION

Personal Information

Date: _____
Name: _____
Present Address: _____

Email Address: _____
Daytime Telephone Number: _____ Referred by: _____

Employment Availability

Position Applying for: _____
Date available to start work: _____
Please circle all days available for work:
Mon Tue Wed Thur Fri Sat Sun
Time: _____
Were you previously employed by SCIDpda? Yes___ No___
If yes, when and what position did you hold? _____

Employment History

Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude those indicating race, color, religion, national origin, disability, or other protected status.

Name of employer: _____ Dates Employed: _____ to _____
Address: _____
Job Title: _____ Duties: _____
Salary: Start \$ _____ per _____ Finish: \$ _____ per _____
Reason for leaving: _____
Supervisor's name: _____ Phone Number: () _____
May we contact the supervisor for reference purposes? Yes___ No___

Name of employer: _____ Dates Employed: _____ to _____
Address: _____
Job Title: _____ Duties: _____
Salary: Start \$ _____ per _____ Finish: \$ _____ per _____
Reason for leaving: _____
Supervisor's name: _____ Phone Number: () _____
May we contact the supervisor for reference purposes? Yes___ No___

Name of employer: _____ Dates Employed: _____ to _____
Address: _____
Job Title: _____ Duties: _____
Salary: Start \$ _____ per _____ Finish: \$ _____ per _____
Reason for leaving: _____
Supervisor's name: _____ Phone Number: () _____
May we contact the supervisor for reference purposes? Yes___ No___

Education & Credentials

Name of School	Location	Degree Received	Area of Study
Elementary			
High School			
Trade/Professional			
College/University			
Graduate School			

Please list any additional job-related qualifications and skills, training, experience, extra-curricular activities, credentials:

References

Give the names of three persons who know your work style and history (for example, current or past supervisors, co-workers, instructors, etc.) who are **not related to you**. Giving this information means you give SCIDpda permission to contact the references listed.

Reference # 1

Name: _____ Relationship to you: _____
Organization: _____ City: _____
Daytime Phone: _____

Reference # 2

Name: _____ Relationship to you: _____
Organization: _____ City: _____
Daytime Phone: _____

Reference # 3

Name: _____ Relationship to you: _____
Organization: _____ City: _____
Daytime Phone: _____

Please answer the following:

- Can you provide documentation that you are eligible for employment in the United States? Yes___ No___
- May we contact your present employer? Yes___ No___

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event that I am employed, I understand that any false or misleading information I knowingly provide in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all policies and procedures of the employer, and any special agreements reached between the employer and me.

Signature: _____ **Date:** _____

Please note: If you need special accommodations to complete the application form, please call (206) 838-8228 for assistance. SCIDpda is an Equal Opportunity Employer.