

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:		Refe	rred by:		
Employment Availability					
Position Applying for:					
Date available to start work:					
Please circle all days available for work:					
Mon Tue W	ed	Thur	Fri	Sat	Sun
Time:					
Were you previously employed by SCID	oda? Yes		No		
If yes, when and what position did you he					
Employment History					
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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:
	City:
Daytime Phone:	
Reference # 2	
Name:	Relationship to you:
	City:
Daytime Phone:	
Reference # 3	
Name:	Relationship to you:
	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

May we contact your present employer?

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.