



PO Box 5937, Tacoma, WA 98415-0937

Hire Date \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral source
[ ] Advertisement [ ] Employee [ ] Online
[ ] Private Employment Agency [ ] Walk-in
[ ] Government Employment Agency [ ] Other

Name (Last) (First) (Middle)

Maiden Name (If changed in last seven years) Year of Change

Address

Telephone Number ( ) - Best Time To Call

Have you applied here before? [ ] Yes [ ] No If yes, give date

Have you been employed here before? [ ] Yes [ ] No If yes, give date

Do you have any relatives that work here? [ ] Yes [ ] No If yes, who?

Are you legally eligible for employment in this country? [ ] Yes [ ] No

Type of employment desired [ ] Full-time [ ] Part-time [ ] Temporary [ ] Seasonal [ ] Optional Co-op

Are there any day(s) hour(s) or times when you cannot work? If yes, when?

Will you work overtime if required? [ ] Yes [ ] No

Have you been convicted of a felony or incarcerated for a conviction in the last seven (7) years?
[ ] Yes [ ] No If yes, please explain

Do you have a valid driver's license? [ ] Yes [ ] No Driver's License Number

Shared Housing Services is an equal opportunity employer.
If you need accommodations for completing this application contact
Shared Housing Services 253-272-1532.

### Educational Background

- A. List last three (3) schools attended starting with last one.
- B. Indicate degree of diploma, if any.
- C. List number of years completed.
- D. Major or minor field of study

A. School	B. Degree/Diploma	C. Years Completed	D. Major/Minor

### Accomplishments/Additional Information

List special accomplishments, publications, awards, etc. (Please do not list information which would reveal sex, race, religion, national origin, age, color, marital status, height, weight, disability or other protected status.) \_\_\_\_\_

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List any additional information you would like us to consider: \_\_\_\_\_

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## Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain gaps in employment on following pages.

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		(Start)	(End)	
Job Title		Hourly Rate Salary Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate Salary Ending		
May we contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address		(Start)	(End)	
Job Title		Hourly Rate Salary Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate Salary Ending		
May we contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

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May we contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

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Job Title		Hourly Rate Salary Starting		
Immediate Supervisor		\$	Per	
Reason for Leaving		Hourly Rate Salary Ending		
May we contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

Employment History (Continued)

Comments (including explanation of any gaps in employment) \_\_\_\_\_

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Share any Qualifications – Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with Shared Housing Services \_\_\_\_\_

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**Application For Employment Agreement**

I certify that all the information furnished on this application is true, complete and correct. I understand and agree that any fabrication, misrepresentation, misleading statement, or omission of fact on either this application or during the pre-hire process will be sufficient reason for: 1) my not being offered employment; or 2) dismissal at any time from the service of the company if employed. I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time. Shared Housing Services has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law. I acknowledge that no Shared Housing Services employee nor representative, other than its Executive Director, has either the power or authority to enter into any agreement for employment for any specified period of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date