



Application for Employment

Applicants: In order to be considered for employment, this application must be completed entirely. Resumes may not be substituted. For inquiries or accommodations, please contact Human Resources directly at 206-270-9609.

Delta Western is an equal opportunity employer and does not discriminate against applicants on the basis of any Federal, Washington or Alaska protected characteristic.

Specific Position Applied for:		
How did you learn about the position? (circle one)		
Advertisement	Current Employee	Walk-in Other:
Last Name	First Name	Middle Initial
Address	City	State Zip Code
Telephone Number(s) where we can contact you: Home: () Work: () Mssg: ()		
If under 18 years of age, can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>		
Will you now, or in the future, require sponsorship for employment Visa Status [e.g. H-1B Visa Status]? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime in the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Convictions will not necessarily disqualify you from employment. Factors such as age at time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.</i>		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your current employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with this Company before? If yes, please give dates: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education		
High School	Location (City & State)	Graduate/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Location (City & State)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Degree & Major		
Professional Licenses/Certificates	State Issued	Expiration Date
1.		
2.		

Give name & telephone number of at least 2 business references not related to you.

1. _____

2. _____

Employment Experience: Please list all positions held for the last 10 years. Explain any breaks in continuous employment. If you need additional space, please continue on a separate sheet of paper. Start with your present or most recent position.

1. Employer's Name & Address:	Telephone Number:
Job Title:	Duties:
Supervisor's Name:	Dates Employed (mo/yr) / to /
Last Salary:	Reason for Leaving:
2. Employer's Name & Address:	Telephone Number:
Job Title:	Duties:
Supervisor's Name:	Dates Employed (mo/yr) / to /
Last Salary:	Reason for Leaving:
3. Employer's Name & Address:	Telephone Number:
Job Title:	Duties:
Supervisor's Name:	Dates Employed (mo/yr) / to /
Last Salary:	Reason for Leaving:

Important, Please Read & Sign

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment. I understand that completion of this Application for Employment does not guarantee that I will be employed by this Company. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. In the event of employment, I understand that false or misleading information given in my application or interview(s) will generally result in termination. I understand that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant: _____ Date: _____



APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

Human Resources will use this information for statistical purposes only.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, creed, religion, sex, age, national origin, citizenship, veteran or marital status, or the presence of any sensory, physical handicap, and all other bases prohibited by local, state, or federal law.

Various agencies of the government require employers to invite applicants to identify themselves as indicated below. COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Name & Position Applied for (list only one):
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
1. What race or culture do you consider yourself?¹ (please check one) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian
2. Are you a Vietnam Era Veteran?² (please check and provide dates of service) <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Service: _____
3. Are you a Disabled Veteran?³ (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I do not wish to provide this information.

¹ Please see reverse side for Affirmative Action definitions.

² A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

³ A person entitled to disability compensation under laws administered by the U. S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Affirmative Action Definitions

American Indian/Alaskan Native

A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian/Pacific Islander

A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, India, Japan, Korea, Pakistan, the Philippines, and Samoa.

Black/African-American

A person with origins in any of the Black racial groups of Africa.

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian

A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities

For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment with which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.