



For Employer Use Only:

Supervisor: _____ Hire date: _____

Position: ATTY LEGAL CLERK OA AA PrfNL SW INV

EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. Application must be completed in full even when submitting a resume in addition to this application. Incomplete applications will not be considered.

AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for employment without regard to race, religion, color, sex, national origin, creed, age, marital status, veteran status, or any other basis prohibited by federal, state, or local law. If you require accommodation to complete the application, testing or interview process, please contact the Office Manager for assistance at (206) 674-4700, Ext 3102.

PLEASE PRINT ALL INFORMATION CLEARLY

LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS (If at address less than one year, please provide prior residence address)				TELEPHONE NO. ()	
CITY	STATE	ZIP CODE	COUNTY		
ADDRESS (Prior residence)					
ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGE – 18 OR OVER <input type="checkbox"/> YES <input type="checkbox"/> NO If no, proof of eligibility to work will be required.			
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CHECK HIGHEST GRADE COMPLETED IN EACH CATEGORY.	HIGH SCHOOL 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	COLLEGE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	GRADUATE SCHOOL 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

LIST THE SCHOOLS ATTENDED

Type	Name of Institution	City, State, Zip	Degree	Course or Degree
College or University				
Law School				
Business School				
Trade School				
High School				
Other				

MANDATORY FOR ALL APPLICANTS

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE #	STATE	EXPIRATION DATE
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Please provide a writing sample on a separate sheet.



EMPLOYMENT HISTORY
MANDATORY FOR ALL APPLICANTS

Please list your employer(s) for the past FIVE years, listing the most recent employer first. If additional space is required, please attach a separate sheet.

FROM Month Year	COMPANY	ADDRESS	PHONE NUMBER ()
TO Month Year			
JOB TITLE . POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY
FROM Month Year	COMPANY	ADDRESS	PHONE NUMBER ()
TO Month Year			
JOB TITLE . POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY
FROM Month Year	COMPANY	ADDRESS	PHONE NUMBER ()
TO Month Year			
JOB TITLE . POSITION		SUPERVISOR	REASON FOR LEAVING
DESCRIPTION OF JOB RESPONSIBILITIES (Indicate significant responsibilities, accomplishments and contributions)			SALARY



HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME?

YES NO

If yes, provide details. (A conviction will not necessarily disqualify a candidate for

employment)

ATTORNEYS ONLY: HAVE YOU EVER BEEN THE SUBJECT OF A BAR COMPLAINT? HAVE YOU EVER BEEN THE SUBJECT OF A PROFESSIONAL DISCIPLINARY PROCEEDING OR INVESTIGATION? YES NO If yes, provide details.

LIST THREE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR OCCUPATIONAL SKILLS AND BACKGROUND.

NAME	LENGTH OF TIME KNOWN	ADDRESS	TELEPHONE #	OCCUPATION

ARE YOU AVAILABLE FOR EMPLOYMENT NOW?

YES NO

IF NOT, WHEN WILL YOU BE?

PLEASE ADD ANY OTHER INFORMATION REGARDING YOUR SKILLS OR OTHER EXPERIENCE WHICH COULD HELP US IN MAKING A HIRING DECISION. Attach a separate sheet if necessary:

ORGANIZATIONS, LICENSES, CERTIFICATES, CERTIFICATIONS (Please include date, state of issuance and identifying number):

Do you have any relatives working for Northwest Defenders

Association? YES NO

If so, please identify who they are:

Have you ever been employed by Northwest Defenders

Association? YES NO

If yes, when?

What type of position are you applying for? _____

What are your wage/salary expectations? _____



PLEASE READ BEFORE SIGNING

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my performance history. I understand that I have the right to:

- Review information provided by current/previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

I understand that the hiring process may require interviews, written tests and job demonstrations. I agree that I will state whether I need any reasonable accommodations for the job selection procedures.

All information disclosed in this application is complete, true, and correct. I understand that a background investigation may be conducted to verify my answers.

I authorize Northwest Defenders Association to investigate all statements in this application or other supporting employment documents, and to secure any necessary information from all my employers, references, and academic institutions. I understand that any offer of employment is contingent upon receipt of a satisfactory report on my academic credentials, employment history and/or credit history.

I understand that as a condition of my continued employment Northwest Defenders Association may obtain a consumer credit report pursuant to 15 U.S.C. 1681b(b)(2)(A) and RCW §§ 19.182.005 *et seq.* that may include, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Northwest Defenders Association’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Northwest Defenders Association will provide me with a copy of any such report if the information contained in such reports is, in any way, to be used in making a decision regarding my fitness for employment with Northwest Defenders Association. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

I hereby release all those employers, references, academic institutions and Northwest Defenders Association from any liability arising from their giving or receiving information about my employment history, my academic credentials, and/or my suitability for employment with Northwest Defenders Association.

I understand that no representation, whether oral or written by any representative or agent of the Northwest Defenders Association, at any time, can constitute a contract of employment. Employees covered under the collective bargaining agreement will follow the terms and agreements of that agreement.

Furthermore, I understand that misrepresentation or omission of requested information will result in my rejection for employment or dismissal after employment.

PRINT NAME

APPLICANT’S SIGNATURE

DATE