

Employment Application

Human Resource Services

1600 Chester Avenue Bremerton, WA 98337-1699 **Main (360) 475-7300 Fax (360) 475-7302 Non Local 1-800-259-6718 Extension 7300**

Students and Volunteers

An Affirmative Action/Equal Opportunity Employer

Please type or print clearly.										
Check one:			_							
STUDENT ID NUMBER:					☐ VOLUNTEER POSITION					
Position Title:				Supervisor:						
Job ID Number:										
Personal Data										
Last name	ame First name		Middle Initi	al Maiden name/other name used						
Street Address					Do you have appropriate documentation to prove you are eligible for lawful employment in the U.S.?					
City, State, Zip Code										
Home Telephone () -	Cell/Message/Other Telephone		Email Add	ddress						
Education and Certification										
Name of Institution/Location (Start with most recent)		Degree/Certification Or Diploma			Date of completion	Total Credi	its Completed Semester	Major		
			/							
			/							
			/							
Skills – List special skills that y	ou miaht	bring to the position i	o toobnica	lintorno	raanal ayatamar	comileo ete				
OKIIIS – List special skills triat y	ou mignt	oring to the position, i	.e. tecinica	ii, iiiteipe	isonal, customer	Sei vice, etc.				

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Employment Record – List pres	sent or most recent experience first.						
Employer		Position Title					
City, State			Dates of Employment (MM/YY) From: / To: /				
Supervisor	Supervisor's Telephone	Salary or \	Vage Rate	Hours worked per week			
Duties	,	'					
Reason for Leaving							
Employer			Position Title				
City, State			Dates of Employment (MM/YY)				
				From: / To: /			
Supervisor	Supervisor's Telephone () -	Salary or \	Vage Rate	Hours worked per week			
Duties							
Reason for Leaving							
Professional References - In	clude those persons who have first hand	knowledge of y	our skills and ab	ilities.			
Name				Telephone Number			
04.10 02 1				() -			
Official Position & Employer				Years Known			
Name				Telephone Number			
Name				() -			
Official Position & Employer			Years Known				
Applicant's Certification							
Please read carefully before	signing.						
the best of my knowledge. I underst representation of the facts as stated of	and that consideration of this application implied in this application. In addition,	on and the cor I hereby author	itinuation of any ize Olympic Coll	ned in this application form is true, correct and complete to employment gained depend upon the true and accurate lege to check with references and make inquiries regarding release all parties and persons associated with any such			
	h information they give. I have read and						
Signature			Date				

Olympic College is an Affirmative Action/Equal Opportunity Employer

Every effort will be made to provide accommodations to applicants needing physical, sensory, or mental support to complete this application process. Such requests should be made immediately upon applying for a position. Qualified employees with physical, mental, sensory disabilities are provided reasonable accommodations to perform their essential job functions.

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