



N O R T H W E S T

S E A T T L E

### APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

TODAY'S DATE \_\_\_\_\_

#### PART 1: PERSONAL INFORMATION

Applicants are considered without regard to race, color, religion, sex, or the presence of a non-job related medical condition or handicap.

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL/OTHER PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

#### PART 2: EMPLOYMENT DESIRED

POSITION APPLYING FOR \_\_\_\_\_

*Applications accepted for open, advertised positions only*

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU AUTHORIZED TO WORK LEGALLY IN THE UNITED STATES?  YES  NO

**YOU WILL BE REQUIRED TO PROVIDE PROOF OF ELIGIBILITY WITHIN THREE (3) WORKING DAYS OF HIRE DATE IF SELECTED FOR A POSITION.**

CHECK TYPE OF EMPLOYMENT YOU ARE SEEKING		
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> DAY SHIFT	WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PART TIME	<input type="checkbox"/> SWING SHIFT	
<input type="checkbox"/> WEEKDAYS	<input type="checkbox"/> WEEKENDS	
HOW DID YOU HEAR ABOUT THE POSITION?		
<input type="checkbox"/> FRIEND/FAMILY WHO WORKS AT DAA (NAME) _____		
<input type="checkbox"/> EMPLOYMENT AGENCY		
<input type="checkbox"/> NEWSPAPER AD		
<input type="checkbox"/> OTHER _____		

#### PART 3: CERTIFICATIONS OR LICENSES HELD

DO YOU POSSESS A VALID DRIVER'S LICENSE?  YES STATE \_\_\_\_\_  NO

**ATTENTION APPLICANTS:** A Driving Abstract from the state your driver's license is issued will be required prior to any offer of employment. You can provide a copy or we will order one. If you are selected in the interview process and you accept a position with DAA, we will reimburse the cost of the Driving Abstract.

I AUTHORIZE INVESTIGATION OF MY DRIVING RECORD. IF EMPLOYED, I WILL NOTIFY MY SUPERVISOR IMMEDIATELY IF MY LICENSE HAS BEEN SUSPENDED, REVOKED, OR CANCELLED.

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

LIST ANY MOVING VIOLATIONS OR CITATIONS THAT MAY APPEAR ON YOUR DRIVING RECORD FOR THE LAST 3 YEARS

\_\_\_\_\_  
\_\_\_\_\_

#### PART 4: SKILLS AND TRAINING

STATE ANY SPECIAL SKILLS OR TRAINING YOU POSSESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART 5: EDUCATION

	SCHOOL NAME & LOCATION	MONTH & YEAR ATTENDED	DEGREE AWARDED
HIGH SCHOOL	_____	FROM _____ TO _____	_____
COLLEGE	_____	FROM _____ TO _____	_____
TRADE SCHOOL	_____	FROM _____ TO _____	_____
OTHER	_____	FROM _____ TO _____	_____

## PART 6: REFERENCES

Please provide individual and business names, positions, addresses, and phone numbers for three references.

FULL NAME	BUSINESS OR OCCUPATION	ADDRESS & PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PART 7: EMPLOYMENT/WORK EXPERIENCE

Start with your present or most recent position. Exclude organizations that indicate race, color, religion, sex, or national origin.

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED (*State Month & Year*) FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE JOB TITLE AND DESCRIBE YOUR WORK \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT?  YES  NO

\_\_\_\_\_

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED (*State Month & Year*) FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE JOB TITLE AND DESCRIBE YOUR WORK \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT?  YES  NO

\_\_\_\_\_

COMPANY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYED (*State Month & Year*) FROM \_\_\_\_\_ TO \_\_\_\_\_

STATE JOB TITLE AND DESCRIBE YOUR WORK \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT?  YES  NO

**PART 8: SIGNATURE/ACKNOWLEDGEMENT**

All answers and statements are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have - personal or otherwise - and release the company from any and all liability for any damage that may result from utilization of such information. I understand that untruthful or misleading answers on this application are cause for rejection of this application or dismissal if employed. I understand that DAA is an at-will employer, and should I be employed by the company, my employment may be terminated, at any time, with or without cause, by me or the company without prior notice. I understand and agree that this statement does not constitute an employment offer or contract of any kind.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DAA IS AN EQUAL OPPORTUNITY EMPLOYER

**THIS APPLICATION IS VALID FOR 60 DAYS**

## VOLUNTARY SELF IDENTIFICATION

It has been and will continue to be the policy of this company that there will be no discrimination based on race, color, national origin, sex, sexual orientation, age, religion, marital status, or other protected status as provided by federal, state or local law. In order to help us comply with record keeping, reporting and other legal requirements, we invite you to **voluntarily** complete this invitation to self-identify. Your submission of this information is completely voluntary and the information you provide or your refusal to provide such information will not jeopardize your employment in any manner. This data will be kept confidential to the extent required by law and will be used only as allowed by the law. Please fill in your name and return this form even if you do not complete it. We appreciate your cooperation.

NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

Please indicate the category or categories that apply to you:

### RACE/ETHNICITY (select one or more):

- White
- Hispanic or Latino
- Black or African American
- Native Hawaiian or other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

### SEX

- Male
- Female
- I do not wish to disclose this information

### AFFIRMATIVE ACTION DEFINITIONS

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

**Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

**Black/African-American.** A person with origins in any of the Black racial groups of Africa.

**Native Hawaiian or other Pacific Islander.** A person with origins in any of the original peoples of Hawaii or Republic of Samoa or other Pacific Island group.

**Asian.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native.** A person with origins in any of the original peoples of North and South (including Central America), and who maintain tribal affiliation or community attachment.

**Two or more races.** All persons who identify with more than one of the above six races.

### PROTECTED VETERANS

- Disabled Veterans
- Other Protected Veterans
- Armed Forces Service Medal Veteran
- Recently Separated Veteran

### DISABLED INDIVIDUAL

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

**Disabled Individual.** You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

**Other Protected Veterans.** Veterans who served on active duty in the U.S. Military during a war or in a campaign or expedition for which a campaign badge is awarded.

**Armed Forces Service Medal Veterans.** Veterans who while service on active duty in the Armed Forces participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Recently Separated Veteran.** Veterans within 36 months from discharge or release from active duty.