

MAIL/DELIVER TO: Blue Mountain Action Council Phone: (509) 529-4980  
Attn: HR Office, : 'G'Ej gtt { 'U0 ""Fax: (509) 529-4985  
Walla Walla, WA 99362 Email: *HR@bmacww.org*

INSTRUCTIONS: Print legibly or type. Complete all of this application (and any supplementary form), sign, and returned to the above address. Do not substitute a résumé for completing any part of this form. Add pages if you need more space. No binders or folders. Auxiliary aids or services for people with disabilities or special needs available upon request.

*EOE, AA, M/F/Vet/Disability, Drug-Free Workplace.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Mail Address: \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

Email address: \_\_\_\_\_

Daytime phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Other phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Were you previously employed by BMAC? Yes  No  If yes, when: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying (listed in the job description), with or without reasonable accommodation? Yes  No

Are you legally entitled to work in the United States (U.S.)? Yes  No

### POSITION INTERESTS AND SKILLS

Position applied for/job title: \_\_\_\_\_

I am seeking (check all that apply): Full-time employment  Part-time employment  Temporary employment

Date you are available for employment: \_\_\_\_ Salary desired: \$ \_\_\_\_\_

List all pertinent skills and experience (including volunteer) that you have pertinent to this position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Languages read, written or spoken fluently (other than English): \_\_\_\_\_  
\_\_\_\_\_

**This section must be completed; do not substitute with a résumé.** Begin with your most recent or present position. You may also include volunteer experience. **We will contact employers to verify previous employment.**

<b>1. Current or last employer:</b>	Employer's phone number:	From (month/year):
Employer's address:		To (month/year):
Your job title:	Your direct supervisor's name:	Hours per week:

Job duties:

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Your reason for leaving:	Number of employees you supervise(d):
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IF THIS IS YOUR CURRENT EMPLOYER, may we contact this employer?    Yes     No  IF NO, please explain why:

<b>2. Previous employer:</b>	Employer's phone number:	From (month/year):
Employer's address:		To (month/year):
Your job title:	Your direct supervisor's name:	Hours per week:

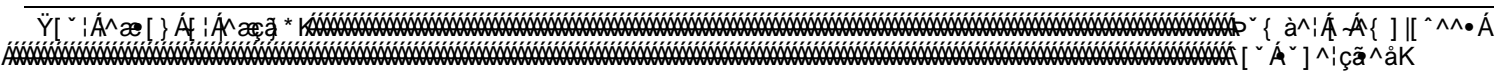
Job duties:

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Your reason for leaving:	Number of employees you supervised:
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<b>3. Previous employer:</b>	Employer's phone number:	From (month/year):
Employer's address:		To (month/year):
Your job title:	Your direct supervisor's name:	Hours per week:

Job duties:



4. Previous employer:	Employer's phone number:	From (month/year):
Employer's address:	To (month/year):	
Your job title:	Your direct supervisor's name:	Hours per week:
Job duties:		
Your reason for leaving:		Number of employees you supervised:

## EDUCATION AND TRAINING

Are you a high school graduate or passed the full GED certificate?  Yes  No

Name high school and its city/state or GED jurisdiction: \_\_\_\_\_

**In the chart below**, list college, business school, military and vocational training (most recent first).

School name and & city/state	Month/year attended	Major or subject	Did you graduate?	Degree earned
1.	From _____ To _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	From _____ To _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	From _____ To _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	From _____ To _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	From _____ To _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Occupational licenses, certificates or registrations:**

License, certificate or registration title	Number	Where issued	Expiration date
License, certificate or registration title	Number	Where issued	Expiration date
License, certificate or registration title	Number	Where issued	Expiration date

## PERSONAL REFERENCES

INSTRUCTIONS: Provide the names, addresses and phone numbers of three people who are not related to you but who can be contacted as personal references.

	Name	Address	Phone	Relationship
1.				
2.				
3.				

## APPLICATION CONCLUSION: Read carefully before signing.

Blue Mountain Action Council (BMAC) is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. EOE, AA, M/F/Vet/Disability, Drug-Free Workplace.

### I understand that:

- Neither the completion of this application nor any other part of my consideration for employment establishes any commitment or obligation for BMAC to hire me.
- If selected, I will be required to provide proof of my identity and my legal right to work in the United States before I begin employment with BMAC, and that I will be required to undergo pre-employment drug testing and a background check.
- If I am employed by BMAC, my employment will be “**at will**” and will not be for any specific period of time, and that my employment may be terminated with or without cause and with or without notice at any time by the company or by me.
- BMAC has policies prohibiting the consumption of alcohol and controlled substances on its property; and smoking in all BMAC work and common areas, facilities and vehicles.
- BMAC has policies prohibiting unlawful harassment or discriminatory conduct in the workplace.

I voluntarily give Blue Mountain Action Council (or the company/agent of BMAC’s choosing) the right to make a thorough investigation of the information contained in this application and any additional documents I may provide, references, my past employment and activities, education/training, criminal history, local and state record checks, character, general reputation, and (for some positions) a credit report. I agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, corporations, schools/colleges and law enforcement agencies supplying such information.

**I attest with my signature below** that the facts contained in this application are true and complete to the best of my knowledge and understand that misrepresentation or material omission on this application or support documents shall eliminate me from further consideration of the position or, if employed, shall be grounds for dismissal.



\_\_\_\_\_  
 APPLICANT’S (YOUR) SIGNATURE above Date

*An electronic signature is acceptable on electronically submitted applications.*

BMAC job app revised 7/2019

## Help us target our job ads. How did you learn about this employment opportunity?

BMAC website     Newspaper ad     WorkSource     Other (explain) \_\_\_\_\_