

APPLICATION FOR EMPLOYMENT



EMERGENCY REPORTING™

851 COHO WAY, SUITE 307
BELLINGHAM, WA 98225

- ✓ Print clearly in **BLACK** or **BLUE** ink if completed by hand.
- ✓ Applications must be **thoroughly completed** and **received by 5:00 p.m. PST on the closing date.**
- ✓ Email the **APPLICATION, RESUME, and COVER LETTER** to jobs@emergencyreporting.com.
- ✓ You can generally expect to be notified of your status in the hiring process within 3-4 weeks after the closing date.

**EMERGENCY REPORTING MAINTAINS A DRUG- AND ALCOHOL-FREE WORKPLACE
AND IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

GENERAL INFORMATION

POSITION APPLYING FOR			E-MAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE INITIAL		CELL PHONE
MAILING ADDRESS (INCLUDE APARTMENT NUMBER, IF ANY)					HOME PHONE	
CITY		STATE		ZIP		WORK PHONE
Are you willing to travel as part of this job? <i>(Answer only if job posting notes travel is required.)</i>						Yes No

BACKGROUND INFORMATION

If job posting notes a driver's license is required:				Have you been convicted of a misdemeanor or felony within the past 10 years? Yes No		
NAME ON DRIVER'S LICENSE	LICENSE #	ISSUING STATE	EXPIRATION DATE			
				(Answering yes to this question does not automatically bar you from employment.)		
Are you able to perform the essential functions of the job you're applying for, with or without reasonable accommodation? Yes No						

EDUCATION AND TRAINING

Have you graduated from high school or passed the GED? Yes No			
List college, business school, training, and other relevant education.			
SCHOOL NAME	CITY, STATE	MAJOR	GRADUATED? YES / NO

EMPLOYMENT HISTORY

ATTACH RESUME AND PROVIDE AT LEAST 10 YEARS OF RECENT WORK EXPERIENCE BELOW, STARTING WITH MOST RECENT EMPLOYER					
EMPLOYER		IMMEDIATE SUPERVISOR'S NAME		PHONE NUMBER	
STREET ADDRESS		CITY		STATE	ZIP
YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM / TO /	AVERAGE HOURS /WEEK	LAST SALARY /MONTH	# OF EMPLOYEES SUPERVISED	
SPECIFIC DUTIES (MAXIMUM 140 CHARACTERS):					
REASON FOR LEAVING					

EMPLOYER		IMMEDIATE SUPERVISOR'S NAME		PHONE NUMBER	
STREET ADDRESS		CITY		STATE ZIP	
YOUR TITLE	MONTHS & YEARS EMPLOYED IN THIS POSITION FROM / TO /		AVERAGE HOURS /WEEK	LAST SALARY /MONTH	# OF EMPLOYEES SUPERVISED
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SPECIFIC DUTIES (MAXIMUM 140 CHARACTERS):					
REASON FOR LEAVING					

CERTIFICATION AND SIGNATURE *(required to be considered for employment)*

I understand any false, fraudulent, misleading information or omission of information in this application or attached materials, or made during the course of the hiring process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from employment if discovered after employment and, under some circumstances, may result in criminal prosecution. I certify all information in and related to my application for employment is true and correct.

- I understand that, if hired, I must prove I am legally authorized to work in the United States.
- I authorize Emergency Reporting to check employment references and verify education information or any other verbal or written information provided by me or others throughout the hiring process.
- I authorize Emergency Reporting to check my driving record if the position for which I am applying requires driving.
- I authorize Emergency Reporting to conduct a criminal history background check as a condition of employment.
- I release Emergency Reporting and all providers of information from any liability as a result of furnishing and receiving any information related to Emergency Reporting's hiring process.

By electronically submitting my application and other materials, I agree to the conditions stated in this Certification and Signature section, and this section is enforceable as if I had signed this application and any other materials submitted.

DATE	SIGNATURE
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WHERE DID YOU SEE OR HEAR ABOUT THIS POSITION?

CRAIGSLIST	EMERGENCY REPORTING EMPLOYEE	OTHER
CAREERBUILDER	EMERGENCY REPORTING WEBSITE	
BELLINGHAM HERALD	EMERGENCY REPORTING FACEBOOK	OTHER
WORKSOURCE	BELLINGHAM TECHNICAL COLLEGE	
TAG LIST	WESTERN WASHINGTON UNIVERSITY	OTHER

AFFIRMATIVE ACTION INFORMATION – WE INVITE YOU TO VOLUNTARILY COMPLETE THIS SECTION, WHICH WILL BE KEPT CONFIDENTIAL

LAST NAME	FIRST NAME	MIDDLE INITIAL	MALE	FEMALE
HISPANIC AMERICAN INDIAN ALASKAN NATIVE	BLACK/AFRICAN AMERICAN WHITE/CAUCASIAN ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER OTHER RACE (INDICATE RACE OR CULTURE) _____ MULTI-RACIAL (INDICATE RACES OR CULTURES) _____		