



# Application for Employment

**Directions:** Please print legibly using black ink, or type. This form is available at <http://bfcog.us/employment/>

**Equal Employment Opportunity:** It is the policy of the Benton-Franklin Council of Governments (BFCG) to recruit, employ, and treat all employees and applicants for employment without unlawful discrimination as to race, color, creed, and/or religion; sex, age, national origin, ancestry, marital status, veteran status, medical condition, including HIV; or because of sensory, physical, or mental disability, political ideology, sexual orientation (including gender identity and expression), or any other factor protected by the law.

<b>GENERAL INFORMATION</b>			
Position you are applying for		Where did you first hear of this position? (specific website)	
First name	Last name	Middle name	
Street address	City	State and zip code	
Phone 1	Phone 2	E-mail address	
<b>EDUCATION</b> (ATTACH ADDITIONAL SHEETS, IF NECESSARY, USING SAME FORMAT)			
Name of School	City, State	Graduated?	Degree or Major Areas of Study
High school			
College			
Other			
Professional license	Granted by	Is it valid?	License number and expiration date
Honors, awards, technical skills			
<b>EMPLOYMENT</b> (BEGIN WITH MOST RECENT EMPLOYER OR CURRENT POSITION)			
1. From (mo/yr)	To (mo/yr)	Your title	Ending salary (hourly, monthly, or annually)
Company name		Company address	
Supervisor's name		Supervisor's title	Supervisor's phone
Duties and responsibilities			
Reason for leaving			
2. From (mo/yr)	To mo/yr)	Your title	Ending salary (hourly, monthly, or annually)
Company name		Company address	
Supervisor's name		Supervisor's title	Supervisor's phone
Duties and responsibilities			
Reason for leaving			
3. From (mo/yr)	To (mo/yr)	Your title	Ending salary (hourly, monthly, or annually)
Company name		Company address	

Supervisor's name	Supervisor's title	Supervisor's phone
Duties and responsibilities		
Reason for leaving		
<b>ADDITIONAL EMPLOYMENT</b> (ATTACH ADDITIONAL SHEETS, IF NECESSARY, USING SAME FORMAT)		
<b>Company name and address</b>	<b>Dates (mo/yr)</b>	<b>Title</b>
4.		
5.		
6.		
Give dates and explain all periods of unemployment		
<b>PERSONAL DATA</b>		
Before answering this question, please review the job description for the position you are applying for (available at <a href="http://bfcog.us/employment/">http://bfcog.us/employment/</a> ). Can you perform all the functions of the job with or without an accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you legally entitled to work in the U.S? <input type="checkbox"/> No <input type="checkbox"/> Yes		

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and that the Employer may discharge the Employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized officer of this agency.

I authorize the Benton-Franklin Council of Governments to verify all the information that I have provided on this application. To the best of my knowledge, all of the above information is true and correct. I understand that any misrepresentation or omission of facts is cause for rejection or possible termination of my employment with the Benton-Franklin Council of Governments.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT NOTE:** BFCG needs a copy of this form with your signature (an electronic signature is acceptable).

You may submit the form electronically or mail to:

Benton-Franklin COG

Attn: Tanna Dole/Transportation Programs Manager

P.O Box 217

Richland, WA 99352