



Application for Employment

Directions: Please print legibly or type. This form is available at bfcog.us/employment-opportunities.

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.

GENERAL INFORMATION			
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	
EDUCATION (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			
EMPLOYMENT (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		
ADDITIONAL EMPLOYMENT (ATTACH ADDITIONAL SHEETS, IF NECESSARY, USING SAME FORMAT)		
Company name and address	Dates (mo/yr)	Title
4.		
5.		
6.		
Give dates and explain all periods of unemployment		
PERSONAL DATA		
Before answering this question, please review the job description for the position you are applying for (available at bfcog.us/employment-opportunities). 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 to Mmonroy@bfcog.us or mail to:

BFCG

Attn: Magdelyn Monroy/Receptionist

587 Stevens Dr.

Richland, WA 99352