

Seabeck Christian Conference Center

15395 Seabeck Hwy NW • Seabeck, WA 98380-9583 (360) 830-5010 (206) 842-0346 Seattle (360) 830-5504 Fax seabeck@seabeck.org

Employment Application

Date: _____ Position(s) Applied For: _____

Name: _____

Last

First

Middle

Mailing Address: _____ Social Security Number: _____

City, State, Zip: _____ Driver's License Number: _____

Telephone Number: (____) _____ Cell Number: (____) _____ Email: _____

If your application is considered favorable, on what date will you be available for work: _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ (Verification will be required.)

Are you of legal age to work? Yes ___ No ___ If under 21, give your date of birth: _____

Employment History: (List below present and past employment, beginning with your most recent.)

1. Name and address of employer: _____

Supervisor: _____ Telephone Number: (____) _____

Dates employed: From _____ to _____ Reason for leaving: _____
Mo/Yr Mo/Yr

Starting wage: \$ _____ per hour Ending wage: \$ _____ per hour

Describe the work you did: _____

2. Name and address of employer: _____

Supervisor: _____ Telephone Number: (____) _____

Dates employed: From _____ to _____ Reason for leaving: _____
Mo/Yr Mo/Yr

Starting wage: \$ _____ per hour Ending wage: \$ _____ per hour

Describe the work you did: _____

3. Name and address of employer: _____

Supervisor: _____ Telephone Number: (____) _____

Dates employed: From _____ to _____ Reason for leaving: _____
Mo/Yr Mo/Yr

Starting wage: \$ _____ per hour Ending wage: \$ _____ per hour

Describe the work you did: _____

Personal References: (Do not include former employers or relatives)

1. Name and occupation: _____
 Address: _____
 Telephone Number: (____)_____
2. Name and occupation: _____
 Address: _____
 Telephone Number: (____)_____
3. Name and occupation: _____
 Address: _____
 Telephone Number: (____)_____

Education: (Circle last year completed)

High School 1 2 3 4
 College 1 2 3 4

Describe any other training or education you had, where, and when: _____

Have you ever been convicted of a crime? _____

Military Service:

Were you in the U.S. Armed Forces? Yes ___ No ___ If yes, what branch? _____

How did you hear about employment at Seabeck? _____

If a referral, name of person who referred you to Seabeck: _____

Please read and sign below

The facts set forth in my application for employment at Seabeck Christian Conference Center are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and, mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

 Signature of Applicant