

# dvsas agency form

# application for employment

\*This form is fillable from your device, click each line to fill in.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you authorized to work in the U.S? YES NO

List previous States of residence: \_\_\_\_\_

Have you ever been convicted of a crime? YES NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## Education

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree : \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree : \_\_\_\_\_

## References

Please list three professional references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

## Previous Employment

Please list your last 3 employers

Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: _____	Ending Salary: _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: _____	Ending Salary: _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: _____	Ending Salary: _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____

## Disclaimer and Signature

*Read Carefully:*

*I certify that my answers are true and complete to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize DVSAS to contact the references and employers listed above. I authorize the references and employers permission to share any and all information concerning my previous employment and any pertinent information they may have regarding my potential employment with DVSAS. I further authorize DVSAS to obtain a criminal background check in Washington State and all States where I have previously resided.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*ending violence, transforming lives*

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TOLL FREE  
**1.877.715.1563**  
24 HOUR HELPLINE  
**1.360.715.1563**  
*accepts 711 and other relay calls  
Se habla espanol.*