

JOB APPLICATION

Washington State Crop Improvement Association
2575 NE Hopkins Ct, Pullman, Washington 99163

Washington State Crop Improvement Association is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

If needed, are you available to work more than 40 hours in a week? _____

Are you willing to work a flexible schedule including possible evenings and weekends? _____

On what date can you start working if you are hired? _____

Are you willing to travel, including overnight? _____

Do you have, or can you obtain by time of hire, a valid Driver's License? If yes, please also include issuing state. _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____
 May we contact this employer?: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____
 May we contact this employer?: _____

References

Please provide 2 professional reference(s) below. These persons should have knowledge of your work performance within the last five years.:

Reference & Relationship	Contact Phone Number & Email Address

I understand that this application is not a contract or guarantee of employment from Washington State Crop Improvement Association. I authorize Washington State Crop Improvement Association to verify the information listed above, and to contact the references that I have listed. I certify that the information contained in this employment application is true and complete. I understand that providing false information on this application may be grounds for not offering me employment or for the termination of my employment at any point in the future.

Applicant Signature: _____ Date: _____