



8055 Cowichan Road
Blaine, WA 98230
Phone (360) 371-7744
Fax (360) 371-3254

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you will be required to provide authorization to work through your high school.) Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No

Can you work weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? (circle) Walk In Advertisement Referral Other

Have you ever worked for BBVCC before? Yes No Explain _____

Do you know anyone who works for our company? Yes No If yes, who?



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EDUCATION

Name and location of school

No. of yrs. Attended

Degree Received

Subjects studied/Major

High School

College or University

Trade, Business or Correspondence School

EMPLOYMENT HISTORY Include your last three (3) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
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Job Title:

Address:

Immediate supervisor and title:

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

From	To	Employer Name	Telephone ()
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From	To	Employer Name	Telephone
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Job Title:

Address:

Immediate supervisor and title:

Summarize the nature of work performed and job responsibilities:

Reason for leaving:

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain. _____

Job Specific Questions – **Janitorial:**

Do you have any training or work experience cleaning commercial property? If so, please list:

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
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1

2

3

BIRCH BAY
 **VILLAGE**
Community Club



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Please read carefully before signing.

Birch Bay Village is an equal opportunity employer. Birch Bay Village does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Birch Bay Village to hire me. If I am hired, I understand that either Birch Bay Village or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Birch Bay Village has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Birch Bay Village true and complete information on this application. No requested information has been concealed. I authorize Birch Bay Village to contact references provided for employment reference checks and, if applicable to the position you are applying for, driving record (all maintenance positions) and criminal background checks . If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.