



# The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

[www.ecww.org](http://www.ecww.org)

## Employment Application

Date

Position Applied for

### APPLICANT INFORMATION

Name: Last

First

M.I.

Email Address

Phone

Street Address

City, State, Zip

Date Available to start work:

Pay  
Expected

per

Are you at least 18  
years of age?

Yes  
No

Are you a U.S. Citizen or legally  
authorized to work in the U.S.?

Yes  
No

Have you ever  
worked for the  
diocese before?

Yes  
No

If so, please provide your name of record  
at the time, job title & dates of  
employment

### EDUCATION / TRAINING

Name & Location of School

Did you graduate?

Subjects Studied

High School

College

Name & Location of School

Did you graduate?

Subjects Studied

Other

Name & Location of School

Did you graduate?

Subjects Studied

Are you taking or do you plan to take any additional education? If so, what?

Skills / Abilities: List any skills or abilities you have which are pertinent to the position, including hobbies or related interests.

**JOB  
REQUIREMENTS**

Will you be able to perform the essential functions of the  
job, with or without reasonable accommodation?

Yes

No

**WORK EXPERIENCE**

*Please start with your present or most recent position. Please include military & volunteer experience as appropriate.*

Company #1

Phone

Address

Job Title

Supervisor Name

Supervisor Email

Starting salary / per

May we contact this employer?

Yes

No

Ending salary / per

Brief description of your  
work and responsibilities

Dates employed: From:

To:

Reason for  
leaving

Company #2

Phone

Address

Job Title

Supervisor Name

Supervisor Email

Starting salary / per

May we contact this employer?

Yes

No

Ending salary / per

Brief description of your  
work and responsibilities

Dates employed: From:

To:

Reason for leaving

Company #3

Address

Supervisor Name

Starting salary / per

Ending salary / per

Brief description of your work and responsibilities

Dates employed: From: To:

Reason for leaving

Phone

Job Title

Supervisor Email

May we contact this employer? Yes No

Company #4

Address

Supervisor Name

Starting salary / per

Ending salary / per

Brief description of your work and responsibilities

Dates employed: From: To:

Reason for leaving

Phone

Job Title

Supervisor Email

May we contact this employer? Yes No

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## REFERENCES

*Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.*

Name #1

Email Address

Address

Years Known and in what capacity

Phone Number

Name #2

Phone  
Number

Email Address

Address

Years Known and in what capacity

Name #3

Phone  
Number

Email Address

Address

Years Known and in what capacity

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## ACKNOWLEDGEMENT, RELEASE AND SIGNATURE

**I CERTIFY** the information given by me is true in all respects.

**I UNDERSTAND** that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.

**I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.

**I UNDERSTAND** that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between the diocese and myself.

If an employment relationship is established, **I UNDERSTAND** that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and the diocese has the right to terminate my employment at any time, for any reason or no reason, with or without notice. The diocese's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the President of this organization.

**I UNDERSTAND** that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

**I acknowledge that I have read, understand, and agree with the above statements.**

Applicant

Date