



Pregnancy Aid of Snohomish County  
**WIC Program**

**Employment Application**

1819 100<sup>th</sup> Place SE, Suite B  
Everett, Washington 98208  
**425-316-8939** | fax 425-316-8957  
cmcginny@pregnancyaid-wic.org

Name		Date
Address		
Phone number	Email address	
Languages (other than English)		
<b>Education and Training</b>		
High School:		
Address:		
College/University:	Degree:	
Address:		
Other relevant training:		
<b>Previous employment</b> (begin with most recent)		
Dates of employment From: _____ To: _____	Position held:	
Business Name:	Supervisor:	
Address:		Phone number:
Reason for leaving:		
<hr/>		
Dates of employment From: _____ To: _____	Position held:	
Business Name:	Supervisor:	
Address:		Phone number:
Reason for leaving:		

Dates of employment From: _____ To: _____	Position held: _____
Business Name: _____	Supervisor: _____
Address: _____	Phone number: _____
Reason for leaving: _____	
<p>Have you ever been fired because of misconduct or violence?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Please explain: _____</p>	
Please tell us about your applicable skills or qualifications: _____	
Please list two references	
Name _____	Name _____
Address _____	Address _____
Daytime phone number _____	Daytime phone number _____
<p><b>I understand that if I am offered and accept employment, a criminal background check will be procured and that my employment may be disqualified based on the results. Because this position involves interactions with vulnerable women and children, convicted sex offenders will not be considered and should not apply.</b></p> <p><b>In the event I am employed, I understand that false or misleading information given in my application or interviews may result in discharge.</b></p> <p><b>I certify that my answers are true and complete. I authorize inquiries of my employment, educational history or other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.</b></p>	
Signature _____	Date _____

Pregnancy Aid of Snohomish County is an Equal Opportunity Employer  
 We do not discriminate on the basis of race, color, gender, age,  
 national origin, disability, religious beliefs or sexual orientation.