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| ***Fill in the position title you are applying for as shown on the job announcement:***  **Position Title:** |

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**Human Resources:** 1501 N 45th St, Seattle, WA 98103 | **Email:** [jobs@solid-ground.org](mailto:jobs@solid-ground.org) | **Job line:** 206.694.6840

**Mission:** Solid Ground works to end poverty and undo racism and other oppressions that are root causes of poverty  
**Vision:** Solid Ground envisions a community beyond poverty and oppression where all people have equitable opportunity to thrive

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| **PERSONAL INFORMATION** | | | | | | | | |
| First Name | | MI | | Last Name | | | | |
| Current Street Address | | | City | | | | State | Zip |
| Primary Phone | Secondary Phone | | | | | Email Address | | |
| Are you eligible to work in the U.S.? Yes  No | | | | | Are you at least 18? Yes  No | | | |

***Please print or type. Some positions may also require supplemental information.***

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| **PLACEMENT INFORMATION** |
| Have you previously been employed at Solid Ground? Yes  No  If “yes,” please list position(s) and dates of employment.     |  |  | | --- | --- | |  |  |   Position(s) Dates |

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| **EMPLOYMENT / WORK EXPERIENCE** *(attach additional sheets as needed)* | | | | | |
| **Complete this portion even if attaching your résumé**. Describe your work history over the last 10 years if applicable. List your current/most recent employer first. | | | | | |
| Employer Name | | Supervisor Name | | Phone Number | May we contact?  Yes  No |
| Employment Dates  From | (MM/DD/YYYY)  To | Position Held | | | |
| Description of Duties | | | Reason for Leaving | | |

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| Employer Name | | | | Supervisor Name | | | Phone Number | | May we contact?  Yes  No | |
| Employment Dates  From | (MM/DD/YYYY)  To | | | Position Held | | | | | | |
| Description of Duties | | | | | | | Reason for Leaving | | | |
| Employer Name | | | | Supervisor Name | | | Phone Number | | May we contact?  Yes  No | |
| Employment Dates  From | (MM/DD/YYYY)  To | | | Position Held | | | | | | |
| Description of Duties | | | | | | | Reason for Leaving | | | |
| Employer Name | | | | | Supervisor Name | | | Phone Number | | May we contact?  Yes  No | |
| Employment Dates  From | | (MM/DD/YYYY)  To | | | Position Held | | | | | | |
| Description of Duties | | | | | | | | Reason for Leaving | | | |
| **Please identify and explain gaps in employment greater than 3 months:** | | | | | | | | | | | |
| From (MM/DD/YYYY) | | | To (MM/DD/YYYY) | | | Reason for Unemployment | | | | | |
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| **EDUCATION HISTORY** *(attach additional sheets as needed)* | | | |
| **Name of School** *(Note: Applicants may be asked to provide a copy of diploma, GED, certificates or transcripts.)* | **Degree/**  **Certificate** | **Total Years**  **Completed** | **Name of Certificate/**  **Name of Degree** |
| High School | Diploma  GED  In process |  |  |
| City, State |
| College/ University/ Institution | Diploma  Certification  Other  In process |  |  |
| City, State |
| College/ University/ Institution | Diploma  Certification  Other  In process |  |  |
| City, State |

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| **REQUIRED SUPPLEMENTAL QUESTIONS** *(attach additional sheets as needed)* | |
| 1. Describe your experience working with low-income people from a variety of racial, cultural and economic backgrounds. | |
| 1. Describe how your education and experience qualifies you for this position. | |
| 1. Based on the qualifications as listed in the job description, please state how you meet each of the qualifications required for the job. | |
| **Certification of Applicant** | I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation into all statements contained in this employment application as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. I understand that supplementary information may be required dependent upon the position for which the application is made. In the event of employment, I understand that false or misleading information given by me in my application or interviews will result in discharge.   |  |  | | --- | --- | |  |  |   Signature of Applicant Date (MM/DD/YYYY) |

***Return completed applications by email or postal mail, or drop them off at   
1501 N 45th St, Seattle, WA 98103, Monday-Friday, 8:30am-5pm (except holidays).***

**APPLICANT DATA SUPPLEMENT** *(optional/voluntary)*

Thank you for completing this optional form so Solid Ground’s Human Resources Department may track various data. The information requested is voluntary; you are not required to provide it. This form will be removed from your application packet by the HR Department prior to distribution for screening and selection.

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| **Personal Information:**  Date:       Name:  Position Applying for:  Gender:  Female  Male  Other:       Preferred Pronouns:  *(he/him; she/her; they/them; etc.)* |
| **Racial/ Ethnic Background:** If you identify as multi-racial or multi-cultural, please check all boxes that apply.   |  |  |  |  | | --- | --- | --- | --- | | Black or African American | Asian | Native Hawaiian or Other Pacific Islander | | | Hispanic or Latino | Caucasian | American Indian or Alaska Native | | Two or More Races | Other: | | |
| **Are you living with a disability?**  Yes  No  Do you have the ability, with or without reasonable accommodation, to perform the essential functions of the position for which you are applying?  Yes  No If “no,” please explain: |
| **Are you a veteran?**  Yes  No |

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| **How did you learn about this employment opportunity?** | | |
| Friend or Relative |  | Name: |
| Solid Ground Employee |  | Name: |
| Solid Ground Website |  | *If you found Solid Ground’s website online, what was the referring site?* |
| Job Fair |  | Name and/or date of Job Fair: |
| Online Job Board/Listing |  | Name of Job Board/List: |
| Other |  | Please specify: |

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| **Do you have relative(s) and or friend(s) employed by Solid Ground?** *If yes, please specify:* | | | |
| Name: | Relationship: | Job Title: | Location: |
| Name: | Relationship: | Job Title: | Location: |