

EMPLOYMENT HISTORY

Unless otherwise instructed in the recruitment announcement, a resume' alone is not acceptable. This section must be completed. Start with your present or last position, and then work backward. You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience. If you need more space, copy this blank form or attach additional sheets.

1. Present or Last Employer	Employer's Address	Employer's Phone Number		
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓)	No. of Employees Supervised	

Specific Duties:

2. Present or Last Employer	Employer's Address	Employer's Phone Number		
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓)	No. of Employees Supervised	

Specific Duties:

3. Present or Last Employer	Employer's Address	Employer's Phone Number		
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓)	No. of Employees Supervised	

Specific Duties:

4. Present or Last Employer	Employer's Address	Employer's Phone Number		
Your Title	From: (month/year) To: (month/year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓)	No. of Employees Supervised	

Specific Duties:

GEOGRAPHIC CHOICE

Please consider carefully where you are willing to work since you will be considered only for the locations that you check.

- Check county/counties in which you are interested. You will be considered for requested locations that you mark.
- **If nothing is marked, you will only be considered for positions in your county of residence.**

Gambling Commission Office Locations

- Everett
- Renton
- Tacoma
- Spokane
- Yakima
- Lacey

Home Office Locations

- Kennewick
- Pasco
- Richland
- Wenatchee
- Bellingham
- King County**
- Snohomish County**
- Kitsap County**
- Cowlitz County**
- Clark County**
- Grays Harbor County**

PROFILE DATA

The Washington State Gambling Commission is an equal opportunity employer and encourages disabled and Vietnam era veterans, women, racial and ethnic minorities, people with disabilities, and persons over 40 years of age to apply. As a separate part of the application process, you are requested to voluntarily answer the following and return it with your completed Employment History. Your answers will be treated as confidential.

Name: _____

Date of Birth: _____

When completing the following please refer to Affirmative Action definitions below.

Hispanic Yes No

Sex: Male Female

What race or culture do you consider yourself?

American Indian

Alaskan Native

Asian

Black/African American

White/Caucasian

Native Hawaiian or Other Pacific Islander

Other Race (Indicate Race or Culture) _____

Multi-Racial (Indicate Races or Cultures) _____

Vietnam Era

Veteran: Yes No

Disabled Veteran: Yes No

Percent Disability: _____%

Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating?

Yes No

Signature

Date

Affirmative Action Definitions

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander. A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

Disabled Veteran. A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item B.

Vietnam era veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

Additional points or employment preference is given to veterans who meet state qualifications. **Note: To qualify and receive veteran's preference, you must attach a copy of the discharge, DD214 or NGB Form 22 with your application.**

For Non Competitive Employment

Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

1. Have you ever been on active duty in the US Armed Forces?

No Yes Dates _____ to _____

2. Are you the spouse of an honorably discharged veteran who has a service connected permanent or total disability?

No Yes

If yes, list percentage of spouse's disability: _____

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

3. Are you the surviving spouse of a veteran who died from service related activities?

No Yes

List campaign, expeditionary, or service medals spouse received: _____

Must provide copy of US Department of Veteran's Affairs Disability Awards letter.

BACKGROUND INFORMATION

Have you been convicted of a misdemeanor or felony within the past seven (7) years that might unfavorably affect your fitness for this job? (Answering yes does not automatically disqualify you from consideration)

Yes No

DATE AND SIGNATURE

**TO BE ACCEPTED,
YOU MUST SIGN
AND DATE THIS
APPLICATION.**



All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

Signature

Date

HOW DID YOU LEARN OF THIS JOB OPPORTUNITY?

Department of Personnel Newspaper (please specify) _____

Friend or neighbor State Agency Job Fair Internet

Other: _____