



TEMPORARY EMPLOYMENT APPLICATION

Western Washington University

Human Resources Department

Old Main 361, Bellingham, WA 98225-9021

Ph. (360) 650-3774 • Jobline (360) 650-3776 • TTY (360) 650-7696

COMPLETE IN BLACK INK!

CHECK THOSE AREAS YOU WISH TO BE CONSIDERED AND FOR WHICH YOU HAVE EXPERIENCE:

<input type="checkbox"/> Cashier	<input type="checkbox"/> Custodian	<input type="checkbox"/> Fiscal/Accounting	<input type="checkbox"/> Painter
<input type="checkbox"/> Clerical/Office	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Grounds	<input type="checkbox"/> Utility Worker
<input type="checkbox"/> Computer Support	<input type="checkbox"/> Electrical	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Warehouse Worker
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

GENERAL INFORMATION

Name (Last Name, First, Middle Initial)		
Address	CITY	STATE / ZIP
Permanent Address (if different from above)		
Home Phone # (include area code)	Work (include area code)	Message (include area code)

AVAILABILITY INFORMATION Would you accept employment under the following conditions?

Full-time (no benefits; 40 hours/week)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rotating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Part-time (no benefits; <20 hours/week)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On-Call (no benefits)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Graveyard	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER DATA

- Are you **currently** or have you been **previously** employed by a WA State institution of higher education or agency? No Yes
If **yes**, list dates of employment, positions held, and agency/institution. _____
- List names of your relatives employed by WWU and their positions and departments: _____
- You must be able to perform the essential functions of the job with or without reasonable accommodation.

Did you Graduate from High School or receive a GED certificate? Yes No

EDUCATION – Colleges & Universities, Trades, or other Schools, Military or Training Courses:

Name of School/Location	Month and Year Attended		Year Graduated	Type of Degree	Credit Hours Earned		Major
	From	To			Quarter	Semester	

LICENSES / CERTIFICATIONS / REGISTRATION:

List Name, Type, Number, and Issuing State
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EMPLOYMENT RECORD

List ALL employment relevant to the position, beginning with the most recent (include additional sheets if necessary).

NAME OF EMPLOYER:			
Employer's Address:		Employer's Telephone #: ()	
Immediate Supervisor's Name:		May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Salary:	
Specific Duties:			
Months and Years Employed in this Position (From/To):		Total Months:	Hrs/Week:
Reason for Leaving:			
NAME OF EMPLOYER:			
Employer's Address:		Employer's Telephone #: ()	
Immediate Supervisor's Name:		May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Salary:	
Specific Duties:			
Months and Years Employed in this Position (From/To):		Total Months:	Hrs/Week:
Reason for Leaving:			
NAME OF EMPLOYER:			
Employer's Address:		Employer's Telephone #: ()	
Immediate Supervisor's Name:		May we contact your Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title:		Salary:	
Specific Duties:			
Months and Years Employed in this Position (From/To):		Total Months:	Hrs/Week:
Reason for Leaving:			

WWU is an equal opportunity employer. In accordance with the Rehabilitation Act of 1973, the American with Disabilities Act of 1990, the Civil Rights Act of 1964 & 1991, and other state and federal non-discrimination laws and regulations, the university does not discriminate in employment on the basis of race, religion, national origin, sex, age, disability, marital status, sexual orientation, or Vietnam era or disabled veteran status. WWU operates under an approved affirmative action plan and strongly encourages all qualified women, minorities, and persons with disabilities to apply.

READ BEFORE SIGNING: I certify that the information contained in this application form is true, correct, and complete to the best of my knowledge. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment. I authorize WWU to investigate all statements made on my application for employment. I authorize such educational institutions, employers and others (their agents or employees) to respond to questions concerning information given on this application and I further release from liability such former employers, institutions, or persons providing such information to the university. I understand that no offer of benefits such as pension plan, insurance, vacation, or salary rate is final until authorized by Personnel Services, and fully approved by appropriate WWU officials. I have read and understood the information on this application.

Name

Date

**PLEASE COMPLETE IF YOU ARE APPLYING FOR THE FOLLOWING
TYPES OF TEMPORARY POSITIONS:**

- Clerical/Office Support ▪ Computer Support ▪ Data Entry ▪ Fiscal/Accounting

Name (PRINT) _____

This covers a wide range of office support AND secretarial skills and abilities. Read each section carefully. Check the box for each task you have experience and/or training AND complete the information requested.

1. **WORD PROCESSING/TYPING.** Check the appropriate box(es)
for: (W) Word Processing (T) Typing

- | | | | | | |
|--------------------------|--------------------------|----------------|--------------------------|--------------------------|----------------------|
| <u>W</u> | <u>T</u> | | <u>W</u> | <u>T</u> | |
| <input type="checkbox"/> | <input type="checkbox"/> | Labels | <input type="checkbox"/> | <input type="checkbox"/> | Reports |
| <input type="checkbox"/> | <input type="checkbox"/> | Envelopes | <input type="checkbox"/> | <input type="checkbox"/> | Financial Statements |
| <input type="checkbox"/> | <input type="checkbox"/> | Correspondence | <input type="checkbox"/> | <input type="checkbox"/> | Manuscripts |
| <input type="checkbox"/> | <input type="checkbox"/> | Memos | <input type="checkbox"/> | <input type="checkbox"/> | Tables/Charts/Graphs |
| <input type="checkbox"/> | <input type="checkbox"/> | Forms | <input type="checkbox"/> | <input type="checkbox"/> | Grant Applications |
| <input type="checkbox"/> | <input type="checkbox"/> | Examinations | <input type="checkbox"/> | <input type="checkbox"/> | Other |

3. **MULTIPLE-LINE TELEPHONE/SWITCHBOARD**

- No Yes Number of Incoming Lines: _____
Average Daily Volume (# of calls): _____

4. **FISCAL RELATED RECORDS.**

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Billing | <input type="checkbox"/> Inventory | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Payroll | <input type="checkbox"/> Recordkeeping |
| <input type="checkbox"/> Budget/Grants | <input type="checkbox"/> Personnel | <input type="checkbox"/> Travel |

Word Processing/Typing Exp: _____ Yrs _____ Mos

2. **FILE MAINTENANCE.** Circle the type of systems you worked with: (M) Manual (E) Electronic

- | | | | |
|--------------------------|------------------|----------|----------|
| <input type="checkbox"/> | Alphabetic | <u>M</u> | <u>E</u> |
| <input type="checkbox"/> | Numeric | <u>M</u> | <u>E</u> |
| <input type="checkbox"/> | Medical | <u>M</u> | <u>E</u> |
| <input type="checkbox"/> | Library | <u>M</u> | <u>E</u> |
| <input type="checkbox"/> | Cross-Referenced | <u>M</u> | <u>E</u> |

Briefly describe your experience with the fiscal-related records you checked above, including your length of experience:

5. **BUDGET AND BUDGET RELATED RESPONSIBILITIES.** Check the appropriate box for which you have experience and/or training:

- | | | |
|---|--|---|
| <input type="checkbox"/> Forecasting budget | <input type="checkbox"/> Reconciling budget | <input type="checkbox"/> Purchasing office supplies |
| <input type="checkbox"/> Monitoring budget | <input type="checkbox"/> Purchasing office equipment | <input type="checkbox"/> Making travel arrangements |

6. **WRITTEN COMMUNICATION/EDITING/PROOFREADING.** Check the appropriate box from each category that BEST describes the work you have performed.

Written Communication

- NO experience or training
- Limited training/experience composing letters/memos
- Composed basic, routine memos or letters (e.g., confirmation, receipt, informational, etc)
- Regularly composed correspondence, both basic and complex, in rough draft; NOT responsible for content
- Have FULL responsibility for content & composition (e.g., technical materials, policies, procedures, etc.); final responsibility for materials leaving the office

Editing

- NO experience or training
- Limited editing training and/or experience
- Edit written materials for self ONLY
- Edit materials for self **AND** OCCASIONALLY edit materials for other staff members.
- ROUTINELY edit materials for self **AND** other staff members

Proofreading

- NO experience or training
- Limited proofreading training and/or experience
- Routinely proofread OWN work only
- Proofread work for self **AND** OCCASIONALLY proofread for others.
- ROUTINELY proofread materials for self **AND** other staff members

