



# Confidential Application

The Building Industry Association of Whatcom County (BIAWC) considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please send hard copy to BIAWC, Attn: Executive Officer, 1650 Baker Creek Place, Bellingham, WA 98226 and/or email to [employment@biawc.com](mailto:employment@biawc.com). Thanks for your interest.

Position Applied For:	Date of Application
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How Did You Learn About this Position?		
Advertisement	Friend	BIA Member
Employment Agency	Professional Contact	Other:

Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Numbers	Email	Social Security Number
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# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. You should show generic designations to avoid association names or titles which would reveal religion, national origin, age, or other protected status. Please use additional sheets, if necessary. Indicate by employer number any employers you do not wish us to contact at this time: \_\_\_\_\_

1	Employer	Dates Employed		Essential Functions (Key Responsibilities)
		From	To	
	Address			
	Telephone Numbers	Annual Salary		
		Starting	Final	
	Job Title	Supervisor's Title		
	Supervisor's Name	Other	Paid Comp	
		Starting	Final	
	Reason for Leaving			

2	Employer	Dates Employed		Essential Functions (Please Outline)
		From	To	
	Address			
	Telephone Numbers	Annual Salary		
		Starting	Final	
	Job Title	Supervisor's Title		
	Supervisor's Name	Other	Paid Comp	
		Starting	Final	
	Reason for Leaving			

3	Employer	Dates Employed		Essential Functions (Please Outline)
		From	To	
	Address			
	Telephone Numbers	Annual Salary		
		Starting	Final	
	Job Title	Supervisor's Title		
	Supervisor's Name	Other	Paid Comp	
		Starting	Final	
	Reason for Leaving			

4	Employer	Dates Employed		Essential Functions (Please Outline)
		From	To	
	Address			
	Telephone Numbers	Annual Salary		
		Starting	Final	
	Job Title	Supervisor's Title		
	Supervisor's Name	Other Paid Comp		
		Starting	Final	
	Reason for Leaving			

5	Employer	Dates Employed		Essential Functions (Please Outline)
		From	To	
	Address			
	Telephone Numbers	Annual Salary		
		Starting	Final	
	Job Title	Supervisor's Title		
	Supervisor's Name	Other Paid Comp		
		Starting	Final	
	Reason for Leaving			

List building, professional, trade, business, or civic activities, your responsibilities, and dates of service. You should show generic designations for matters which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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Indicate by employer number any employers you do not wish us to contact at this time: \_\_\_\_\_

# Education and Training

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED	DIPLOMA OR DEGREE AND YEAR RECEIVED
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE				
TRADE/OTHER				

Describe additional training such as military service courses or continuing education activities. Please indicate, if possible, institution, date completed, location, and telephone numbers or other documentation such as certificates or course letters.

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