

**W.O.I.A.
EMPLOYMENT APPLICATION**



Position Applying For: _____
Date of Application: _____

APPLICANT INFORMATION

Full Legal Name: _____
Preferred Name (if different): _____
Mailing Address:
Street: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

Are you legally authorized to work in the United States? Yes No
Are you able to perform the essential functions of the position with or without reasonable accommodation? Yes No

EDUCATION & TRAINING

High School Name & Location: _____
Diploma or GED: Yes No Year Completed: _____

College / University
Institution: _____ Location: _____
Degree Earned: _____ Major/Field of Study: _____
Dates Attended: From _____ To _____

Additional College / University (if applicable)
Institution: _____ Location: _____
Degree Earned: _____ Major/Field of Study: _____
Dates Attended: From _____ To _____

Additional Certifications or Professional Training
Certification/Training: _____ Issuing Organization: _____
Date Completed: _____ Expiration Date (if applicable): _____

PROFESSIONAL LICENSES (If Applicable)
License Type: _____ License Number: _____
State Issued: _____ Expiration Date: _____

EMPLOYMENT HISTORY

List all employment for the past 10 years, beginning with the most recent position. Attach additional pages if necessary.

Employer #1 (Most Recent)
Employer Name: _____
Address: _____ Phone: _____
Job Title: _____ Supervisor Name & Title: _____

May we contact this employer? Yes No

Dates of Employment: From _____ To _____ Hours per Week: _____

Starting Salary: _____ Ending Salary: _____

Primary Duties and Responsibilities:

Key Accomplishments:

Reason for Leaving:

Employer #2

Employer Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor Name & Title: _____

May we contact this employer? Yes No

Dates of Employment: From _____ To _____ Hours per Week: _____

Starting Salary: _____ Ending Salary: _____

Primary Duties and Responsibilities:

Key Accomplishments:

Reason for Leaving:

Employer # 3

Employer Name: _____

Address: _____ Phone: _____

Job Title: _____ Supervisor Name & Title: _____

May we contact this employer? Yes No

Dates of Employment: From _____ To _____ Hours per Week: _____

Starting Salary: _____ Ending Salary: _____

Primary Duties and Responsibilities:

Key Accomplishments:

Reason for Leaving:

RELEVANT EXPERIENCE & SKILLS

Please describe your experience related to this position, including leadership, supervision, grant or federal funding experience, budget oversight, program development, compliance, and stakeholder coordination.

TECHNICAL & SPECIALIZED SKILLS

Please check all that apply:

- Microsoft Office (Word, Excel, PowerPoint)
- Budgeting or Financial Management Software
- Grant Management Systems
- Project Management Tools
- Virtual Meeting Platforms (Zoom, Teams, etc.)
- Data Management or Reporting Systems
- Policy or Regulatory Compliance Experience
- Other: _____

PROFESSIONAL REFERENCES

Reference #1

Name: _____ Title/Organization: _____
Phone: _____ Email: _____

Reference #2

Name: _____ Title/Organization: _____
Phone: _____ Email: _____

Reference #3

Name: _____ Title/Organization: _____
Phone: _____ Email: _____

REMOTE WORK ACKNOWLEDGMENT

This position may be designated as remote within EPA Region 10. Applicants acknowledge that remote work requires reliable internet access, a secure workspace, and the ability to maintain confidentiality and professional communication standards.

I acknowledge and understand the remote work expectations.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

W.O.I.A. is an Equal Opportunity Employer. We are committed to providing equal employment opportunities to all applicants and employees and prohibit discrimination and harassment of any type without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other status protected under applicable federal, state, or local laws.

AT-WILL EMPLOYMENT STATEMENT

If hired, employment with W.O.I.A. is at-will, which means that either the employee or W.O.I.A. may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law.

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from consideration or termination of employment.

Signature: _____ Printed Name: _____

Date: _____

APPLICATION SUBMISSION INSTRUCTIONS

To apply, please submit a complete application package including:

- Completed Employment Application
- Cover Letter
- Resume

Email completed materials to: oxcenia@region10rtoc.net