



Request to Copy Existing Application

***Note: If it has been longer than 6 months since you applied for a position with us, you will need to submit a new application**

The following information is needed in order to copy an existing application. I understand that if the application I wish to be copied does not contain current data, it may be in my best interest to submit a new application with updated information. I also understand that this request must be received by the closing date, or postmarked no later than the closing date of the position.

Name:			
Today's Date:			
Please copy my existing application for the open position of:			
The application can be found under the following job title:		Date Applied: (Month & Year)	

Background Check
<p>I have submitted a Washington State Patrol Background Check form and an Applicant Disclosure and Authorization for Background Inquiry form within the last year (Check one)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – If I have not completed these forms and they are required for this position, they are attached.</p>

Affirmative Action
<p>I understand that my Affirmative Action information is no longer attached to the original application, and that completion of the information below is optional.</p> <p>Signature: _____ Date: _____</p>

Affirmative Action Information

We request you complete this data to assist us in monitoring our Affirmative Action Program. Completion is optional.

Name: _____ **Position applied for:** _____

Race: (Check one category)

- White – persons of Indo-European descent, including Pakistani or East Indian
- Black – persons of African descent as well as Jamaican, Trinidadian or West Indian
- Hispanic – persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
- Asian American – persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, India or Polynesian descent
- Native American – persons who identify themselves as American Indian, Aleuts, Eskimos or who are known by such by virtues of tribal association.

Gender: Male Female

Veteran: Yes No

Handicapped: Yes No

Disabled Veteran: Yes No

Other: _____