

## Employment Application

**Date:**

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Social Security Number</b>
<b>Permanent Address:</b>	<b>For how long? Years: _____ Months: _____</b>		<b>Phone Numbers</b>
Street Address. Apt#			<b>Home:</b> <b>Cellular:</b> <b>Pager:</b>
City, State, Zip			
<b>Previous Address:</b>	<b>For how long? Years: _____ Months: _____</b>		<b>Emergency Contact</b>
Street Address: Apt#:			<b>Name:</b> <b>Home No.:</b> <b>Work No.:</b>
City, State, Zip			
Have you worked here previously? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when?			
List any friends or relatives working here now or previously, with current phone numbers:			
Position you are seeking:		Expected wage:	Available to begin work when?
Work Hours preferred (write in shift/other times): _____ to _____			Will you work overtime if asked? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Full Time: <input type="checkbox"/> Day shift <input type="checkbox"/> Eve. shift <input type="checkbox"/> Night shift <input type="checkbox"/> 12-hr shift <input type="checkbox"/> 24-hr shift <input type="checkbox"/> Part Time (note specific days): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			Are you interested in double shifts as part of a 40-hour week? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a U.S. citizen or otherwise eligible for employment under the Department of Justice Immigration and Naturalization Service Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you been convicted of a felony crime in the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give date and explanation:			
All employees of Adult Family Homes in the State of Washington must pass a criminal background inquiry. Is there anything that will negatively impact the result of this inquiry? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain:			
Are you prevented from doing certain types of work due to serious injury / illness / physical challenges? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain any conditions which prevent you from performing essential job functions:			
<b>Certification and Training (check all that apply)</b>			
<input type="checkbox"/> CNA expiration date: _____	<input type="checkbox"/> Food Handler Card expiration date: _____		
<input type="checkbox"/> HCA expiration date: _____	<input type="checkbox"/> Latest TB Test date 1): _____ date 2): _____		
<input type="checkbox"/> CPR expiration date: _____	<input type="checkbox"/> Nurse Delegation	<input type="checkbox"/> Mental Health Specialty Training	
<input type="checkbox"/> 1 <sup>st</sup> Aid expiration date: _____	<input type="checkbox"/> Basic "Core" Caregiver Training	<input type="checkbox"/> Other	
<input type="checkbox"/> RN expiration date: _____	<input type="checkbox"/> Dementia Specialty Training	<input type="checkbox"/> Other	
<input type="checkbox"/> LPN expiration date: _____	<input type="checkbox"/> Developmentally Disabled Specialty Training		
<b>Other Training/Certifications/Skills Pertinent to Adult Family Home Employment</b>			
Description	Name/location of school	Date completed	

EDUCATION					
	NAME and LOCATION	COURSE of STUDY	Years completed	Did you graduate?	Degree or Diploma
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Trade Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYMENT HISTORY (List most recent employer first)					
Company Name (most recent):			Telephone:		
Address:			Employed From: (month/year) _____ to: (month/year) _____		
Name and Title of Supervisor:			Starting _____ Ending _____ Wage: _____ Wage: _____		
Job Title and Description of duties:			Reason for leaving:  May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why?		
Company Name:			Telephone:		
Address:			Employed From: (month/year) _____ to: (month/year) _____		
Name and Title of Supervisor:			Starting _____ Ending _____ Wage: _____ Wage: _____		
Job Title and Description of duties:			Reason for leaving:  May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why?		
Company Name:			Telephone:		
Address:			Employed From: (month/year) _____ to: (month/year) _____		
Name and Title of Supervisor:			Starting _____ Ending _____ Wage: _____ Wage: _____		
Job Title and Description of duties:			Reason for leaving:  May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, why?		
Please note: Incomplete applications will not be considered.					

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I authorize the above-named Adult Family Home to make an investigation of any of the facts set forth in this application. I understand that if I am employed, false statements in this application may result in my dismissal. I understand that employment at this company is "at will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date