



Assisted Living Facility
330 N Madison St.
Tekoa, WA 99033
(509) 284-4501

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____

Position Applied for: _____

Type of position you are looking for: Full Time Part Time

Date available to start: _____

Hours Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you 18 years of age or older? YES NO May we contact your current employer? YES NO

Are you currently employed? YES NO How did you hear about us? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Conduct and Performance

Are you able to perform all the job essential functions of the position for which you are applying, with or without reasonable accommodation? (If you do not understand the essential functions, please ask the interviewer to provide you with a job description) YES NO

If NO, explain any restrictions or requirements: _____

Do you have a record of founded child or dependent adult abuse or have you been convicted of a crime in this state or any other state?

YES NO If YES, please explain: _____

Have you ever been counseled or disciplined for?

Attendance YES NO Tardiness YES NO

Work Performance YES NO Resident/Patient abuse and/or Neglect YES NO

Are you now or have you ever been the subject to an investigation by any licensure or certification board or other similar agency?

YES NO If YES, describe the nature of each investigation, the agency involved, any case or file numbers and the

outcome of each investigation. _____

Have you ever been denied a license or certification or has any license or certification you have held been suspended or revoked?

YES NO If YES, describe the date(s) of each suspension or revocation, the reason for suspension or revocation, any case or file numbers and the current status of the particular license or certification. _____

Disclaimer and Signature

I certify that the information contained in this application is true and complete; any falsification, misrepresentation or omission on the application may result in not being hired or being discharged.

I authorize my current and previous employers and educational institutions, any law enforcement or other governmental agencies and any references to release any information to the facility, that it deems necessary to evaluate my application for employment, unless the release of such information is prohibited by law. I understand that such information will not be disclosed to me, except as required by law. I release the facility and all other organizations and individuals from liability in connection with the release and use of such information.

I understand that any offer of employment to me is contingent upon this facilities decision within its sole discretion that the results of my criminal background check, drug screen and/or other reference and credential checks are satisfactory.

Signature: _____ Date: _____