



# EMPLOYMENT APPLICATION

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department.

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

BRANCH LOCATION  Yakima  Sunnyside  Kent  Bellevue  Clarkston  Corporate

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been employed with Community Living before?  Yes  No

If yes, give dates, branch and title: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Are you at least 18 years of age?  Yes  No

Do you possess a valid driver's license?  Yes  No

(A valid driver's license is **required**. Employment will be contingent upon the receipt of a satisfactory Motor Vehicle Report)

Type of employment desired:  Full-Time  Part-Time  Temporary  Substitute (subs are not guaranteed any hours)

Date available to start work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Days and Hours Available for Work

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How did you hear about Community Living?  Newspaper  Internet  Current Employee (please list below)

Do you have relatives or friends employed by Community Living?  Yes  No

If yes, list name, relationship and position. (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)

Have you ever been convicted of a crime?  Yes  No

If yes, please explain. (Employment will be contingent upon the receipt of a satisfactory Background Inquiry completed by DSHS.)

Why do you think you would be a good candidate for employment with Community Living?

## EDUCATION & TRAINING

Do you possess a High School Diploma or GED? (proof is **required**)  Yes  No

List College, business school, vocational or technical schools, and any other relevant education:

# EMPLOYMENT HISTORY

Present or Most Recent Employer		Employer's Phone Number	
Employed From / To /		Position	
Average # of Hours Worked Per Week	Last Salary or Wage \$ per		Number of Employees Supervised
Supervisor's Name		Reason for Leaving	
Specific Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Employer's Phone Number	
Employed From / To /		Position	
Average # of Hours Worked Per Week	Last Salary or Wage \$ per		Number of Employees Supervised
Supervisor's Name		Reason for Leaving	
Specific Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Employer's Phone Number	
Employed From / To /		Position	
Average # of Hours Worked Per Week	Last Salary or Wage \$ per		Number of Employees Supervised
Supervisor's Name		Reason for Leaving	
Specific Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Employer's Phone Number	
Employed From / To /		Position	
Average # of Hours Worked Per Week	Last Salary or Wage \$ per		Number of Employees Supervised
Supervisor's Name		Reason for Leaving	
Specific Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Employer's Phone Number	
Employed From / To /		Position	
Average # of Hours Worked Per Week	Last Salary or Wage \$ per		Number of Employees Supervised
Supervisor's Name		Reason for Leaving	
Specific Duties			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date (Month/Day/Year)



## COMMUNITY LIVING VERIFICATION & DISCLAIMER

I understand and agree that any misrepresentation by me in this application may lead to denial of employment or the termination of my employment. I give the employer the right to investigate and contact any references I have provided and to secure additional information about me. I release from liability the employer for seeking such information and all other persons, organizations or entities for furnishing such information in response to a reference request.

**I understand that all employees working for Community Living do so as “employees-at-will.” Employees are free to voluntarily resign from their employment with Community Living at any time. Community Living retains the right to terminate employment, with or without cause, at any time. I understand that no representative of the employer has the authority to make any assurances to the contrary.**

**I understand that client and/or agency needs may, at times, make overtime, split shifts, rotating work schedule or a work schedule other than Monday through Friday mandatory. I understand and accept these as conditions of my employment.**

I agree that my behavior and dress will at all times serve as an appropriate role model for clients, and I agree to present a positive image of Community Living to the community.

**I understand that this is an application of employment and not an employment contract. I understand that if I am employed, my employment is for an indefinite period of time and that Community Living can change my wages, benefits and working conditions at any time.**

If I am employed, I agree that if Community Living advances me any paid leave before it has been accrued, or advances me any money during the course of my employment, or if I lose, damage, or fail to return any property, the company is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

I understand that I may be required, as a condition of employment, to perform Nurse Delegation duties under the direction of an RN. Prior to performing Nurse Delegation duties, I will receive the required training and certification.

By signing below you are certifying that you have read and understand the above.

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Applicant Signature

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Date

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Applicant PRINTED name