



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 Renton North Renton South Grandview Clarkston Corporate

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL NUMBER _____

E-MAIL ADDRESS _____

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

of Employees Supervised

Supervisor's Name

Reason for Leaving

Specific Duties

May we contact this employer? Yes No

Previous Employer

Employer's Phone Number

Employed From

/

To

/

Position

Average # of Hours Worked Per Week

of Employees Supervised

Supervisor's Name

Reason for Leaving

Specific Duties

May we contact this employer? Yes No

Previous Employer

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May we contact this employer? Yes No

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To

/

Position

Average # of Hours Worked Per Week

of Employees Supervised

Supervisor's Name

Reason for Leaving

Specific Duties

May we contact this employer? Yes 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)