



EMPLOYMENT APPLICATION

Name _____

Last
First
Middle
Maiden

Present Address _____

Number
Street
City
State
Zip

Telephone (____) _____ Message Telephone (____) _____

Position applied for _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired Full-time only Part-time only Full or Part-time

When are you available for work? _____

Type Of School	Name of School	Location (City & State)	Number of Years Completed	Diploma Degree Major Certificate
High School				
College/University				
Bus. or Trade School				
Professional School				

Work Experience

Please list your work experience for the past five years beginning with your most recent. If you were self-employed, give the Firm Name. Attach additional sheets if necessary.

Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address			
City State, Zip Code Phone Number		From To	Start Final
Reason for leaving			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address			
City		From	Start
State, Zip Code		To	Final
Phone Number	You last job title		
Reason for leaving			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address			
City		From	Start
State, Zip Code		To	Final
Phone Number	You last job title		
Reason for leaving			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last Supervisor	Employment dates	Pay or Salary
Address			
City		From	Start
State, Zip Code		To	Final
Phone Number	You last job title		
Reason for leaving			
List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Transportation

Do you have a current Driver's License? Yes No

Driver's License number _____ State if issue _____ Exp. Date _____

Operator

Commercial (CL)

Chauffeur

Do you have motor vehicle insurance Yes No

Name of insurance company _____ Liability limits _____
occurrence individual

Have you had any accidents during the past three years Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

If employed by Cascade Community Services, will you have transportation to and from your work site? Yes No

Training

Do you possess a current:

First Aid	Yes <input type="checkbox"/> No <input type="checkbox"/>
CPR	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood Borne Pathogens	Yes <input type="checkbox"/> No <input type="checkbox"/>
Food Handler's Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Negative Tubercular Test Card	Yes <input type="checkbox"/> No <input type="checkbox"/>
KNOW HIV Training	Yes <input type="checkbox"/> No <input type="checkbox"/>
NAR	Yes <input type="checkbox"/> No <input type="checkbox"/>
CNA	Yes <input type="checkbox"/> No <input type="checkbox"/>

Personal Information

Within the last seven years, have you pleaded guilty, been convicted, fined, imprisoned or placed on probation for violation of any law, police regulation or ordinance(s), excluding minor traffic violations? Yes No

If yes, please explain. _____

Within the past 10 years, have you been discharged or forced to resign for misconduct or unsatisfactory service from any position? Yes No

If yes, please explain. _____

References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone() _____

I authorize Cascade Community Services to investigate any personal, educational, vocational or employment history. I further authorize any former employer, person, firm, corporation, educational/vocational institution or government agency to provide Cascade Community Services with information they have regarding me. I hereby release and discharge Cascade Community Services and those who provide information from any and all liability as a result of furnishing and receiving this information.

I further agree that if I am employed, I will provide verification of my education, experience and certification. I also agree that falsification of any part of this application shall be sufficient cause for dismissal. References and personal information will be regarded as confidential and shall not be revealed to me.

Cascade Community Services is authorized to request the Washington State Patrol and the FBI to make available a prospective employees or volunteers record for conviction of offenses against children or other persons, adjudication of child or adult abuses in a civil action, disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is subject of the disciplinary boards final decision. Misrepresentation or willful omission of facts shall be sufficient cause for disqualification of this application or termination of employment.

I hereby certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

(signature of applicant)

(date)

