

EMPLOYMENT APPLICATION

Position applying for:	
Please print legibly and complete all application questions fully and accurately, even if you are submitt	ing
your resume. Use additional sheets if you need more space.	

your resume. Use additional sheets if you need more space.			
Name (Last)	(First)		(MI)
Mailing Address (Str	eet/PO Box)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	Email Addre	ss
,	Il right to work in the U.S.?		in the U.S.
Are you available to work: Full-time Part-time Temporary Please list the hours and days of the week you are available:			
Have you ever been dismissed, discharged, fired, or asked to resign from a position?			
How did you learn at	oout this job opportunity?		
	EDUC	CATION	
Type of School	School and Location	Circle Years Completed	Degree/Certificate (Year higher level degree earned for verification purposes)
High School		9 10 11 12 GED	
College or University		1 2 3 4	
Graduate School		1 2 3 4	
Business or Technical School		1 2 3 4	
Other Relevant Training/Courses			
LICENSE/REGISTRATION/CERTIFICATE			
Description	State	Number	Expiration
		1	

EMPLOYMENT HISTORY

Begin with your most recent experience. List all jobs separately (including military) and identify gaps in employment. Do NOT substitute your resume for the information required in this section. You can attach your resume but do NOT write "See resume" in lieu of completing the application.

From: / / Title: To: / / Primary Duties: Hours/Week: Supervisor: Reason for Leaving: May We Contact This Employer?	NOTE: If you were employed	under a different name, please indicate	the name:
Hours/Week: Supervisor: Reason for Leaving: May We Contact This Employer? Itile: To: / / Primary Duties: May We Contact This Employer: Current/Most Recent Employer: Address: Address: Supervisor's Phone #: Current/Most Recent Employer: Address: Supervisor: Reason for Leaving: May We Contact This Employer? Itile: Supervisor's Phone #: Supervisor's Phone #: Current/Most Recent Employer: Address: Supervisor's Phone #: Current/Most Recent Employer: Address: Supervisor's Phone #: Address: Supervisor's Phone #: Address: Supervisor: Reason for Leaving: May We Contact This Employer: To: / / Primary Duties: Hours/Week: Supervisor: Address: Supervisor's Phone #:			
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			Supervisor's Phone #:

NOTE: If you were employed u	nder a different name, please indicate t	he name:
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To: / /	Primary Duties:	
Hours/Week:		Address:
Supervisor:		
Reason for Leaving:		
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From: / /	Title:	Current/Most Recent Employer:
To: / /	Primary Duties:	
Hours/Week:		Address:
Supervisor:		
Reason for Leaving:		
May We Contact This Employer?		
☐ Yes ☐ No		Supervisor's Phone #:
ADDIT	TIONAL EXPERIENCE (volunteer, interns	hips, and so on)

REFERENCES			
Please provide three references, one personal and two professional. Your references will not be contacted			
unless you are considered as a final candidate for the	position.		
Name of Professional Reference			
Organization	Job Title		
Daytime Phone	Email Address		
When did you work together?			
Name of Professional Reference			
Overviration	lah Tiala		
Organization	Job Title		
Douting Phone	Email Address		
Daytime Phone	Ellidii Address		
When did you work together?			
When did you work together:			
Name of Personal/Character Reference			
Name of Personal Character Reference			
Daytime Phone	Email Address		
buytime i none	Email Address		
Applica	tion Release		
To the best of my knowledge, the information	 To the best of my knowledge, the information herein is true and complete. I understand that 		
• • • • • • • • • • • • • • • • • • • •	for elimination from further consideration or, if		
employed, for dismissal at any time.			
	documentation showing authorization to work in the		
United States.			
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· · · · · · · · · · · · · · · · ·	background information regarding my character, general		
· · · · · · · · · · · · · · · · · · ·	ious employers and references I have given on my		
	ation. I authorize all previous employers to furnish the		
	formation as described above that they may have		
	ring. I release all parties and persons connected with any		
	of such information from all claims, liabilities and		
, ,	uest. If employed, I release the company from any liability		
for future references the company may provid	e regarding my work history.		
Signatura	Data		
Signature:	Date:		

Print Name: _____

DISCLOSURE FORM ALL APPLICANTS MUST COMPLETE THIS FORM

1.	Have you ever been convicted of any crime against children or other persons? <i>RCW</i> 43.43.830 (5) "Crime against children or other persons" means a conviction of any of the following offenses: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future." □ Yes □ No If yes, explain:
2.	Have you ever been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? <i>RCW</i> 43.43.830 (6) "Crimes relating to financial exploitation" means a conviction for first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery; or any of these crimes as they may be renamed in the future. <i>RCW</i> 43.43.830 (9) "Vulnerable adult" means "vulnerable adult" as defined in chapter 74.34 RCW, except that for the purposes of requesting and receiving background checks pursuant to RCW 43.43.832, it shall also include adults of any age who lack the functional, mental, or physical ability to care for themselves. <i>RCW</i> 74.34.020 (8) "Vulnerable adult" means a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself. <i>RCW</i> 43.43.830 (10) "Financial exploitation" means the illegal or improper use of a vulnerable adult of that adult's resources for another person's profit or advantage. \(\begin{array}{c} Yes \text{NO} & \text{If yes, explain:} \end{array} \)
3.	Have you ever been convicted of crimes relating to drugs under RCW 43.43.830(6)? "Crimes relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance. □ Yes □ No If yes, explain:
4.	Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
5.	Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor? Yes No If yes, explain:
6.	Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes No If yes, explain:
7.	Have you ever been found by a court of law in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?
8.	Have you ever been convicted of crimes relating to the consumption of alcohol, including drunken driving, driving under the influence, or driving while intoxicated? Yes No If yes, explain:
9.	Have you ever been convicted of any crime involving a motor vehicle? ☐ Yes ☐ No If yes, explain:
	eclare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and rect. I understand that a WA State Background Check will be completed by ISR if I am a final candidate for this position.
	nature Date