

APPLICATION FOR EMPLOYMENT

Personal Information

Full Name: _____ **SSN:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City County State ZIP Code

Day Phone: () _____ **E-mail Address:** _____

Evening Phone: () _____ **Are you 18 years or older?** YES NO

Desired Employment

Position Applied for: _____ **Date you can start** _____ **Salary Desired** _____

Are you employed now? YES NO **If so, may we make an inquiry of your present employer?** YES NO

How were you referred to this company? Work Source Seattle Times Craigslist Website Employee Referral: _____
 Everett Herald Radio/TV Ad Walk-in Other: (please specify) _____

Desired Hours or Days: _____

Licensures & Certifications

<u>License/Certificate Type</u>	<u>License/Certificate No</u>	<u>License/Certificate Expiration Date</u>	<u>Issuing State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

<u>School Level</u>	<u>Name and Location</u>	<u>Years Attended</u>	<u>Did you graduate?</u>	<u>Degree/Subjects Studied</u>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

Additional Skills or Training

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language, additional work experience, volunteer work, activities, accomplishments, publications etc.

Previous Employment

Please list your last four employers starting with the most recent one first.

Present or Last Employer: _____ **Phone:** () _____

Address: _____ **City/State/Zip:** _____

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

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO **Supervisor:** _____

Reason for leaving: _____ **Start Date:** _____ **End Date:** _____

Name of Employer: _____ **Phone:** () _____

Address: _____ **City/State/Zip:** _____

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

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO **Supervisor:** _____

Reason for leaving: _____ **Start Date:** _____ **End Date:** _____

Name of Employer: _____ **Phone:** () _____

Address: _____ **City/State/Zip:** _____

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

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO **Supervisor:** _____

Reason for leaving: _____ **Start Date:** _____ **End Date:** _____

Name of Employer: _____ **Phone:** () _____

Address: _____ **City/State/Zip:** _____

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

Responsibilities: _____

May we contact your previous supervisor for a reference? YES NO **Supervisor:** _____

Reason for leaving: _____ **Start Date:** _____ **End Date:** _____

References

Please provide the following information regarding three references for which you are not related to and have know for at least one year. (At least one Professional Reference)

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Contact Phone #</u>	<u>Years Known</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Disclosure Statement and Background Consent

This information will be kept confidential.

Are you legally authorized to work in the USA?

(Should you become employed by Comprehensive Home & Companion Services, you will be required to provide documentation proving that you're eligible to work in the USA)

YES NO

Have you ever been convicted or plead guilty of any crime against children of other persons before a court of any federal, state, or municipality? This includes aggravated murder, first degree arson; burglary; first or second degree murder, kidnapping; robbery; manslaughter; extortion; indecent liberties; incest; vehicular homicide; ; criminal mistreatment; child abuse or neglect as defined in RW 26.44.02; custodial interference; malicious harassment; sexual misconduct with a minor; 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; first, second, or third degree assault; assault of a child; rape; rape of a child; child molestation; or any of these crimes as that may be renamed in the future.

YES NO

If Yes, Please Explain: _____

Have you ever been arrested for or convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? This includes an arrest or conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery, forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is an adult who lacks the functional, mental, or physical ability to care for themselves.

YES NO

If Yes, Please Explain: _____

Have you ever been arrested or convicted for crimes related to drugs? This includes an arrest or conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

YES NO

If Yes, Please Explain: _____

Have you ever been found in any dependency action under RCW 13.34.040? This includes to have sexually assaulted or exploited any minor or to have physically abused any minor.

YES NO

If Yes, Please Explain: _____

Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW? This includes to have sexually assaulted or exploited any minor or to have physically abused any minor.

YES NO

If Yes, Please Explain: _____

Have you ever been found in any disciplinary board's final decision to: have sexually or physically abused or exploited any minor, developmentally disabled person or to have abused or financially exploited any vulnerable adult; any final decision issued by a disciplinary authority under chapter 18.130 RCM or the secretary of the department of health for the following business or professions: Chiropractic, Dentistry, Dental Hygiene, Massage, Midwifery, Naturopathy, Osteopathic medicine and surgery, Physical Therapy, Physicians, Practical nursing, Registered nursing, and Psychology?

YES NO

If Yes, Please Explain: _____

Have you ever been convicted found by a court in a protection proceeding under chapter 74.34 RCW? This includes to have abused or financially exploited an vulnerable adult and the illegal or improper use of the vulnerable adult or that adults' resources for another person's profit or advantage.

YES NO

If Yes, Please Explain: _____

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?

YES NO

If Yes, Please Explain: _____

As of the date of this authorization, do you have any pending criminal charges against you?

YES NO

If Yes, Please Explain: _____

Have you ever been terminated from a job or left a job due to accusation of any of the above acts?

YES NO

If Yes, Please Explain: _____

Have you had within the last 5 years any driving violations? (i.e. speeding, DUI, parking tickets)

YES NO

If Yes, Please Explain: _____

Driver's License Number: _____ Issuing State: _____ Maiden or other last names used: _____

(This does not apply if there was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since the occurrence and any rehabilitation you have undergone).

This authorization and consent for release of personal information acknowledges that Comprehensive Home and Companion Services may now, or at any time I am assigned to, volunteer with or am employed by Comprehensive Home and Companion Services, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq.

I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Comprehensive Home and Companion Services the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of Comprehensive Home and Companion Services. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether I was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. After reading this document, I fully understand its contents and authorize the background verification.

I authorize Comprehensive Home and Companion Services to obtain any relevant information (including extensive local and national criminal background checks, social security verification credit history and motor vehicle investigations) needed to make an employment decision. I authorize Comprehensive Home and Companion Services to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize Comprehensive Home and Companion Services to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Comprehensive Home and Companion Services from any individual or entity providing information to Comprehensive Home and Companion Services from all liability for any damages from the disclosure of the information.

I understand and agree that nothing contained in this employment application or in granting an interview creates an employment contract between Comprehensive Home and Companion Services and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand that it is conditional upon a clear criminal background check and that the employment can be terminable "at will", and that I have a right to terminate my employment at any time and that Comprehensive Home and Companion Services also retains a similar right to terminate my employment at any time.

I understand that should I become employed by Comprehensive Home and Companion Services, my work assignments, schedules and work locations are subject to change according to the needs of the business and the clients of Comprehensive Home and Companion Services.

By signing this document, I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

By signing this document, I am fully aware and consent to the release of records to obtain documentation in the employment process.

Signature: _____

Date: _____

Supplemental Data Information – Care Specialist Position

Name: _____

Date: _____

Please check the days you are able to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please fill in the time(s) you are able to work:

From: _____ To: _____

Please check the shifts you are able and willing to work:

4 Hour 8-Hour 12-Hour 16-Hour Live-In (24+)

How far are you willing/able to travel for shifts:

(please indicate in mile from your home address) _____

Would it be difficult and/or uncomfortable for you to work with a client that smokes:

Yes No

Do you need regular breaks to go outside?

Yes No

If Yes, How frequent would you need to take a break? _____

Please list any allergies you have that may inhibit the types of client you work with (i.e. pets or latex): _____

Would it be difficult and/or uncomfortable for you to work with clients that have pets:

Yes No

If Yes, what types of pets would be difficult for you to work around: _____

Do you have a valid Driver's License and proof of Auto Insurance?

Yes No

Do you have a reliable vehicle for business use?

Yes No

Would you be comfortable providing transportation for clients?

Yes No

Do you hold a current CNA or NAR License?

Yes No

Have you received Dementia Specialty Training?

Yes No

Have received Mental Health Specialty Training?

Yes No

Have you received Developmental Disabilities Specialty Training?

Yes No

Do you have experience working with clients diagnosed with dementia?

Yes No

Do you have experience working with clients diagnosed with mental health conditions?

Yes No

Do you have experience working with clients diagnosed with developmental disabilities?

Yes No

Have you completed Nurse Delegation Training and received a certificate?

Yes No