



Application for Employment

PERSONAL INFORMATION

DATE
NAME
PRESENT ADDRESS
PERMANENT ADDRESS
PHONE NUMBER ()
IF RELATED TO ANYONE IN OUR EMPLOY - PLEASE STATE NAME & DEPARTMENT

EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE	SALARY DESIRED
CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED TO AGING & ADULT CARE BEFORE?	WHERE?	WHEN?

EDUCATION

- Are you a high school graduate or have you passed a General Education Development (GED) test?
 YES NO **If No**, Highest grade completed:
- List post high school training, including college, business school, military training, and other relevant education.
 If more space is needed, copy this blank form or attach additional sheets.

SCHOOL NAME & LOCATION	MONTH & YEAR ATTENDED FROM: M/Y TO: M/Y	MAJOR	TYPE OF DEGREE	YEAR RECEIVED

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

EMPLOYMENT HISTORY

Unless otherwise instructed in the recruitment announcement, a resume alone is not acceptable. This section must be completed. Start with your present or last position, then work backward. You may use this form for volunteer as well as paid experience.

1.	PRESENT OR LAST EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PHONE NUMBER () -	
YOUR TITLE	LENGTH OF EMPLOYMENT FROM:(M/Y) TO:(M/Y)	TOTAL MONTHS	AVG HRS PER WK	LAST SALARY
IMMEDIATE SUPERVISOR'S NAME	REASON FOR LEAVING	VOLUNTEER Yes/No	# OF EMPLOYEES SUPERVISED	
SPECIFIC DUTIES:				

EMPLOYMENT HISTORY (continued)

2.	PRESENT OR LAST EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PHONE NUMBER () -		
YOUR TITLE		LENGTH OF EMPLOYMENT FROM:(M/Y) TO:(M/Y)	TOTAL MONTHS	AVG HRS PER WK	LAST SALARY
IMMEDIATE SUPERVISOR'S NAME		REASON FOR LEAVING	VOLUNTEER Yes/No	# OF EMPLOYEES SUPERVISED	
SPECIFIC DUTES:					

3.	PRESENT OR LAST EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PHONE NUMBER () -		
YOUR TITLE		LENGTH OF EMPLOYMENT FROM:(M/Y) TO:(M/Y)	TOTAL MONTHS	AVG HRS PER WK	LAST SALARY
IMMEDIATE SUPERVISOR' NAME		REASON FOR LEAVING	VOLUNTEER Yes/No	# OF EMPLOYEES SUPERVISED	
SPECIFIC DUTIES:					

4.	PRESENT OR LAST EMPLOYER	EMPLOYER'S ADDRESS	EMPLOYER'S PHONE NUMBER () -		
YOUR TITLE		LENGTH OF EMPLOYMENT FROM:(M/Y) TO:(M/Y)	TOTAL MONTHS	AVG HRS PER WK	LAST SALARY
IMMEDIATE SUPERVISOR'S NAME		REASON FOR LEAVING	VOLUNTEER Yes/No	# OF EMPLOYEES SUPERVISED	
SPECIFIC DUTIES:					

REFERENCES (Give the name of three persons not related to you whom you have known at least one year.)

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY:

NAME:	
ADDRESS:	PHONE NUMBER:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

DATE:	SIGNATURE:
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RETURN THIS APPLICATION WITH YOUR RESUME AND ANY REQUESTED SUPPLEMENTAL APPLICATIONS TO:

**AGING & ADULT CARE
50 SIMON STREET SE, SUITE A
EAST WENATCHEE, WA 98802-7727**

TELEPHONE: (509) 886-0700 (800) 572-4459

Aging & Adult Care is an equal opportunity employer and is a drug-free workplace.