



Application for Employment

PERSONAL INFORMATION:

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

EMPLOYMENT DESIRED:

POSITION:	DATE AVAILABLE:
SALARY DESIRED:	CURRENTLY EMPLOYED? YES: NO:
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES: NO:	
HAVE YOU APPLIED TO AGING & ADULT CARE OF CENTRAL WASHINGTON BEFORE? YES: NO: IF YES, WHERE AND WHEN:	

EDUCATION:

ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU PASSED A GENERAL EDUCATION DEVELOPMENT (GED) TEST? YES: NO:	IF NO, ENTER HIGHEST GRADE COMPLETED:
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List post high school training below, including college, business school, military training, and other relevant education. If more space is needed please attach additional sheets.

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

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EDUCATION CONTINUED:

ENTER SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK IF APPLICABLE:

ENTER ACTIVITIES: CIVIC, ATHLETIC, ETC. (Please exclude organizations, the name of character of which indicates the race, creed, sex, marital status, age, color or national origin of its members.)

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.

PRESENT OR LAST EMPLOYER:	EMPLOYER'S ADDRESS:	EMPLOYER'S PHONE NUMBER:	
YOUR TITLE:	DATES OF EMPLOYMENT:	AVG. HRS:	
IMMEDIATE SUPERVISOR'S NAME:	REASON FOR LEAVING:	VOLUNTEER:	# EMPLOYEES SUPERVISED:
SPECIFIC DUTIES:			

PRESENT OR LAST EMPLOYER:	EMPLOYER'S ADDRESS:	EMPLOYER'S PHONE NUMBER:	
YOUR TITLE:	DATES OF EMPLOYMENT:	AVG. HRS:	
IMMEDIATE SUPERVISOR'S NAME:	REASON FOR LEAVING:	VOLUNTEER:	# EMPLOYEES SUPERVISED:
SPECIFIC DUTIES:			

PRESENT OR LAST EMPLOYER:	EMPLOYER'S ADDRESS:	EMPLOYER'S PHONE NUMBER:	
YOUR TITLE:	DATES OF EMPLOYMENT:	AVG. HRS:	
IMMEDIATE SUPERVISOR'S NAME:	REASON FOR LEAVING:	VOLUNTEER:	# EMPLOYEES SUPERVISED:
SPECIFIC DUTIES:			

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EMPLOYMENT HISTORY CONTINUED:

PRESENT OR LAST EMPLOYER:	EMPLOYER'S ADDRESS:	EMPLOYER'S PHONE NUMBER:	
YOUR TITLE:	DATES OF EMPLOYMENT:	AVG. HRS:	
IMMEDIATE SUPERVISOR'S NAME:	REASON FOR LEAVING:	VOLUNTEER:	# EMPLOYEES SUPERVISED:
SPECIFIC DUTIES:			

PRESENT OR LAST EMPLOYER:	EMPLOYER'S ADDRESS:	EMPLOYER'S PHONE NUMBER:	
YOUR TITLE:	DATES OF EMPLOYMENT:	AVG. HRS:	
IMMEDIATE SUPERVISOR'S NAME:	REASON FOR LEAVING:	VOLUNTEER:	# EMPLOYEES SUPERVISED:
SPECIFIC DUTIES:			

REFERENCES: (Give the names of three people 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:
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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 EAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE:

DATE:

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

AGING & ADULT CARE
 270 9th St. NE Suite 100
 EAST WENATCHEE, WA 98802-7727
 TELEPHONE (509) 886-0700 OR (800) 572-4459

AGING & ADULT CARE IS AN EQUAL OPPORTUNITY EMPLOYER AND IS A DRUG-FREE WORKPLACE.