



# JOB APPLICATION

## PERSONAL INFORMATION

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE AVAILABLE:** \_\_\_\_\_ **DESIRED PAY:** \$ \_\_\_\_\_  HOUR  SALARY

**POSITION APPLIED FOR:** \_\_\_\_\_

**SHIFT DESIRED:**  FIRST  SECOND  THIRD

**EMPLOYMENT DESIRED:**  FULL-TIME  PART-TIME  TEMPORARY

## EMPLOYMENT ELIGIBILITY

**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?**  YES  NO

**IF UNDER 18, CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK?**  YES  NO

**ARE YOU CURRENTLY EMPLOYED?**  YES  NO

**HAVE YOU EVER WORKED FOR DAHLIA LIVING BEFORE?**  YES\*  NO

**\*IF YES, WRITE THE START AND END DATES:** \_\_\_\_\_

**DO YOU HAVE ANY FRIENDS OR FAMILY WORKING FOR DAHLIA LIVING?**  YES  NO

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?**  YES\*  NO

**DO YOU HAVE ANY CHARGES PENDING AGAINST YOU?**  YES\*  NO

**\*IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

## EDUCATION

**HIGH SCHOOL:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ GRADUATE?  YES  NO

DIPLOMA: \_\_\_\_\_

**COLLEGE:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ GRADUATE?  YES  NO

DEGREE: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

**OTHER:** \_\_\_\_\_ CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEGREE/CERTIFICATION: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**EMPLOYER 1:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 2:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

\_\_\_\_\_

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER 3:** \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street Address

Apt/Suite

\_\_\_\_\_

City

State

Zip Code

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## SKILLS

**PLEASE INDICATE WHICH OF THE FOLLOWING CURRENT (NON-EXPIRED) CERTIFICATIONS OR TRAININGS APPLY TO YOU:**

- |   |   |
|---|---|
| <input type="checkbox"/> FIRST AID  | <input type="checkbox"/> CPR  |
| <input type="checkbox"/> HIV/AIDS 4-HOUR TRAINING<br>(COMPLETED WITHIN LAST YEAR) | <input type="checkbox"/> BLOODBORNE PATHOGENS<br>(COMPLETED WITHIN LAST YEAR) |
| <input type="checkbox"/> FOOD HANDLERS  | <input type="checkbox"/> MENTAL HEALTH SPECIALTY TRAINING                     |
| <input type="checkbox"/> DD SPECIALTY TRAINING                                    | <input type="checkbox"/> NAR  |
| <input type="checkbox"/> CNA  | <input type="checkbox"/> HCA  |
| <input type="checkbox"/> LPN  | <input type="checkbox"/> RN   |
| <input type="checkbox"/> NURSE DELEGATION CORE TRAINING                           | <input type="checkbox"/> DSHS-APPROVED CONTINUING<br>EDUCATION CREDITS        |

**SUMMARIZE ANY SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS:**

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## MILITARY SERVICE

**ARE YOU A VETERAN?**  YES  NO

BRANCH: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

IF NOT HONORABLE, PLEASE EXPLAIN: \_\_\_\_\_

## BACKGROUND CHECK CONSENT

**IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?**  YES  NO

## REFERENCES

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
First Last

**COMPANY:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_