

# APPLICATION FOR EMPLOYMENT

Helping Hands for the Disabled  
P.O. Box 6335  
Bellevue, WA 98008-0335

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How did you Learn About Us?

Advertisement     Relative     Inquiry

Employment Agency     Friend     Other \_\_\_\_\_

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	E:Mail
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Best time to contact you is: ..... : ..... AM  
PM

If you are under 18 years of age, can you provide required Proof of your eligibility to work? .....  Yes     No

Have you ever filed an application with us before? .....  Yes     No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes     No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes     No

Are you currently employed? .....  Yes     No

May we contact your present employer? .....  Yes     No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.....*  Yes     No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate: 1 2 3 shift)  
 Part-Time (please indicate: Mornings Afternoon Evenings)  
 Temporary (please indicate dates available (\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_))

Are you currently on "lay-off" status and subject to recall? .....  Yes     No

Have you ever been convicted of any crime? .....  Yes     No

Do you have any charges pending against you? .....  Yes     No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

**Please mark the following current (non-expired) certifications/trainings that apply to you:**

- First Aid
- CPR
- HIV/AIDS 4 Hour Training (completed within last year)
- Bloodborne Pathogens (completed within last year)
- Food Handlers
- Mental Health Specialty Training
- DD Specialty Training
- NAR       CNA       HCA       LPN       RN
- Nurse Delegation Core Training
- DSHS Approved Continuing Education Credits

**Describe any job-related training received in the United States military.**

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# EMPLOYMENT EXPERIENCE

**Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate, race, color, religion, gender, national origin, disabilities or other protected status.**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			

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	Starting	Final	
Job Title			
Reason for Leaving			

**If you need additional space, please continue on a separate sheet of paper.**

**List professional, trade, business or civic activities and offices held.**

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry disability, or other protected status:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (List)	Order (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

**State any additional information you feel may be helpful to us in considering your application.**

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO

## REFERENCES

Helping Hands for the Disabled is required to complete reference checks on all employees before hire, pursuant to WAC 388-78A-2450. We will contact each of the three references you provide below. At least one of the three references must be a professional reference.

1) **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  Professional  Personal  Other \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

2) **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  Professional  Personal  Other \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ **E-mail:** \_\_\_\_\_

3) **Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Relationship: \_\_\_\_\_  Professional  Personal  Other \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ **E-mail:** \_\_\_\_\_



# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements, contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date