## 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 How did you Learn About Us? Advertisement Relative ☐ Inquiry Employment Agency Friend Other Last Name First Name Middle Name Address Number Street City State Zip Code E:Mail Telephone Number(s) Best time to contact you is: AM If you are under 18 years of age, can you provide required Proof of your eligibility to work? ☐ 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 ☐ 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			J	2.8				
High School								
Undergraduate College								
Graduate Professional								
Other (Specify)								
Please mark the	following current (n	on-expired) certificati	ons/trainings tl	hat apply to you:				
☐ Bloodborne Pat ☐ Food Handlers ☐ Mental Health ☐ DD Specialty T ☐ NAR ☐ ☐ ☐ Nurse Delegation	our Training (completed whogens (completed whogens) Specialty Training Training CNA	rithin last year)	RN					
Describ	e any job-related tra	nining received in the	United States n	nilitary.				

## 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 Er	Work Performed	
	From	То	
Address			
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List professional, trade, business or civic You may exclude membership which would reve			l origin, age, ancestry disa
other protected status:	_		.0,0-,
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## **ADDITIONAL INFORMATION**

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	Spreadsneet	Machine		Order (Elst)
PC/MAC	Word Processi			
<b>¬</b>				
Typewriter	Shorthand			
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State any additional	information you feel may	be helpful to us in co	nsidering voi	ar application.
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FOR PERSONNEL DEPARTMENT USE ONLY							
<u>Interview</u>							
Position(s) Applied For Is Oper	n: Yes	☐ No					
Position(s) Considered For:	Position(s) Considered For:						
Date of Interview:							
Program:	F	Irs/Week:					
References Given? Ye	es 🗌 No						
By:							
N	AME & TITLE		DATE				
	Employn	<u>ient</u>					
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<u>Communication</u>	<u>E</u>	G	00				
<u>Training</u>	<u>E</u>	<u>G</u>	00				
Experience	<u>E</u>	G	0				
<u>Education</u>	<u>E</u>	<u>G</u>	00				
<u>Presentation</u>	E	<u>G</u>	<u>O</u>				
<u>Availability</u>	E	G	<u>O</u>				
<u>Professionalism</u>	<u>E</u>	G	<u>O</u>				
Motivation	E	G	O				

## 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 employn	nent, I und	lerstand	that false	or	misleading	informa	tion giv	ven in	my
applica	ation o	r interview(s	s) may res	ult in dis	scharge.	I un	derstand, a	lso, that	I am r	equired	to
abide l	y all r	ules and regu	lations of	the emplo	oyer.						

Signature of Applicant	Date