

# EMPLOYMENT APPLICATION

Southeast Washington Aging & Long Term Care  
 An Equal Employment Opportunity Employer

Please complete & email to:  
[SEWAALTCEmployment@dshs.wa.gov](mailto:SEWAALTCEmployment@dshs.wa.gov)

**AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU**

**Position Applied for** \_\_\_\_\_

**Date** \_\_\_\_\_

**Name** (Last, First, Middle) \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Primary Phone – Home or Cell** \_\_\_\_\_ **Alternate\*** \_\_\_\_\_

*\* Number where you may be reached or messaged during normal working hours.*

**GENERAL INFORMATION:**

**Are you now or have you ever been employed by ALTC?**                      Yes      No  
 \_\_\_\_\_ *If yes, give title, dept, dates*

**Will you accept part time or temporary employment?**                      Yes      No

**Do you have relatives employed by the ALTC?**                      Yes      No  
*There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest. If yes, indicate name, relationship, and department:*

**Have you served on active duty in the U.S. military services within the last 15 years?**                      Yes      No

*If Yes, branch & active duty dates:* \_\_\_\_\_

**Have you ever obtained employment in Washington State through the use of veteran's preference?**                      Yes      No

**Do you claim veteran's preference?**                      Yes      No

**Computer Skills** Write number of years of experience in the space next to each skill:

\_\_\_\_\_ Keyboard/Data Entry                      \_\_\_\_\_ WPM                      \_\_\_\_\_ Power Point

**SOFTWARE:**    \_\_\_\_\_ EXCEL                      \_\_\_\_\_ WORD                      \_\_\_\_\_ Database

Other Computer Experience: \_\_\_\_\_

**Office Equipment Skills:**

**Language Skills: (fluent only)**

Foreign Language \_\_\_\_\_ ASL \_\_\_\_\_ Spoken \_\_\_\_\_ Written \_\_\_\_\_

**Licenses and Certifications:** *(Professional or trade licenses required for this position)*

Description	Issued by	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you possess a valid Driver's License?**                      Yes      No

*(A valid driver's license is required only when stated on the job announcement)*

*Federal Law requires anyone employed by ALTC to present proof of identity and authorization to work in the United States. (Most employees use a Social Security Card & Driver's License.)*

High School grad or GED    Yes    No  
 College Degree?    Yes    No

College or University Name    Degree    Major  
 \_\_\_\_\_  
 \_\_\_\_\_

If **No Degree Obtained**, College/University  
 Attempting and Number of Credit Hours:  
 (Attach transcript, if available)

College or University Name    Major    Credit Hours  
 \_\_\_\_\_

**Work History** (may include paid and volunteer work within an agency – attach extra pages if needed - *most recent employer first*)

From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____  May we contact this employer? Yes    No	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ <b>Number of employees you supervised:</b> _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor's Name:</b> _____ <b>Supervisor's Title:</b> _____ <b>Phone:</b> _____ <b>Reason for Leaving:</b> _____
From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____  May we contact this employer? Yes    No	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ <b>Number of employees you supervised:</b> _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor's Name:</b> _____ <b>Supervisor's Title:</b> _____ <b>Phone:</b> _____ <b>Reason for Leaving:</b> _____
From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____  May we contact this employer? Yes    No	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ <b>Number of employees you supervised:</b> _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor's Name:</b> _____ <b>Supervisor's Title:</b> _____ <b>Phone:</b> _____ <b>Reason for Leaving:</b> _____
From: ____ / ____ / ____ To: ____ / ____ / ____ Hours per week: _____  May we contact this employer? Yes    No	<b>Your Title:</b> _____ <b>Your Duties:</b> _____ _____ _____ <b>Number of employees you supervised:</b> _____	<b>Employer:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Supervisor's Name:</b> _____ <b>Supervisor's Title:</b> _____ <b>Phone:</b> _____ <b>Reason for Leaving:</b> _____

I hereby certify that all information on this application is true and understand that erroneous information on this application may result in the removal of my name from consideration for employment or may result in termination of any employment. I understand that this information may be subject to verification.

I authorize all previous employers to furnish ALTC my record, reason for leaving and all information they may have concerning me and I hereby release them and ALTC from all liability or any damage whatsoever arising therefrom. (Failure to sign does not bar consideration for employment).

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_