

Employment Application

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

Contact Information

Position Applied for: _____ Location: _____ Date: _____

Name _____
Last First Middle

Address: _____
Street Apt/Suite City State Zip

Phone: _____ ☐ Cell ☐ Home Email: _____

General Information

Are you now or have you ever been previously employed by ALTC? ☐ Yes ☐ No

If yes, Position: _____ Dept: _____ from: _____ to: _____

Will you accept part-time or temporary employment? ☐ Yes ☐ No

Do you have relatives employed by 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:

Name: _____ Department: _____

Military & Veteran's Status

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

If yes, what branch & active duty dates: _____

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

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

Computer & Equipment Skills

Please indicate the number of years of experience you have next to each skill:

Word: _____ Excel: _____ PowerPoint: _____

Data Entry: _____ Database Use: _____ Typing Speed: _____ (WPM)

Other Computer Experience: (please briefly describe any other software or equipment experience)

Language Skills

Please list which languages that you are fluent in (excluding English):

Language	Years fluent	Spoken	Written
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Driver's License

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.

Licenses and Certifications

List any professional or trade licenses required for the position you are applying for:

Description	Issued by	Expiration Date

EducationHigh School Graduate or GED ☐ Yes ☐ No

College or University Attended	Major	Degree Earned	Degree Type	Credit Hrs Earned
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History #1

Employer:		Title:			
Start Date		End Date:		Hours per week:	
Phone:		Number of employees you supervised:			
Address:					
	Street	Apt/Suite	City	State	Zip
Supervisor's Name:		Supervisor's Title:			
Duties:					
Reason for leaving:					
	Current Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History #2

Employer:		Title:			
Start Date		End Date:		Hours per week:	
Phone:		Number of employees you supervised:			
Address:					
	Street	Apt/Suite	City	State	Zip
Supervisor's Name:		Supervisor's Title:			
Duties:					
Reason for leaving:					
	Current Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History #3

Employer: _____		Title: _____	
Start Date _____	End Date: _____	Hours per week: _____	
Phone: _____		Number of employees you supervised: _____	
Address: _____			
<small>Street</small>	<small>Apt/Suite</small>	<small>City</small>	<small>State Zip</small>
Supervisor's Name: _____		Supervisor's Title: _____	
Duties: 			
Reason for leaving: _____			
Current Position?		May we contact?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History #4

Employer: _____		Title: _____	
Start Date _____	End Date: _____	Hours per week: _____	
Phone: _____		Number of employees you supervised: _____	
Address: _____			
<small>Street</small>	<small>Apt/Suite</small>	<small>City</small>	<small>State Zip</small>
Supervisor's Name: _____		Supervisor's Title: _____	
Duties: 			
Reason for leaving: _____			
Current Position?		May we contact?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments or Notes:

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 with reference information including but not limited to job title and duties, dates of employment, work quality, disposition, reason for leaving, re-hire consideration and 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