



Employment Application

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

Email completed application to:
SEWAALTCEmployment@dshs.wa.gov

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	Competency	
		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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

High 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? Yes No May we contact? Yes 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? Yes No May we contact? Yes No

Employment History #3

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? Yes No **May we contact?** Yes No

Employment History #4

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? Yes No **May we contact?** Yes No

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

ALTC would also like to receive the following supporting documents:

1. Resume
2. Copy, picture, or scan of your degree
or
Transcript showing your degree
3. Letter of Recommendation from a supervisor (supervisor can be past or present, social services field preferred)
or
Performance Evaluation (within a few years)

Email completed applications and supporting documents to:

SEWAALTCEmployment@dshs.wa.gov

or mail to:

Aging & Long Term Care
 Attn: Keira Fessler
 PO Box 8349
 Yakima, WA 98908