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:** Pasco **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*
		☐	☐
		☐	☐
		☐	☐

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*
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ 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

Additional Employment History

Employment History #5

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 #6

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 #7

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