EDUCATION					
	NAME and LOCATION	**COURSE of STUDY**	Years completed	Did you graduate ?	Degree or Diploma
High School				☐ YES ☐ NO	
College				☐ YES ☐ NO	
Business Trade Technical				☐ YES ☐ NO	

EMPLOYMENT HISTORY (List most recent employer first)	
Company Name (most recent):	Telephone:
Address:	Employed From: (month/year) _____ to: (month/year) _____
Name and Title of Supervisor:	Starting Wage: _____ Ending Wage: _____
Job Title and Description of duties:	Reason for leaving: May we contact this employer? □ YES □ NO If NO, why?
Company Name:	Telephone:
Address:	Employed From: (month/year) _____ to: (month/year) _____
Name and Title of Supervisor:	Starting Wage: _____ Ending Wage: _____
Job Title and Description of duties:	Reason for leaving: May we contact this employer? □ YES □ NO If NO, why?
Company Name:	Telephone:
Address:	Employed From: (month/year) _____ to: (month/year) _____
Name and Title of Supervisor:	Starting Wage: _____ Ending Wage: _____
Job Title and Description of duties:	Reason for leaving: May we contact this employer? □ YES □ NO If NO, why?
Please note: Incomplete applications will not be considered.	

Applicant's Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I authorize the Caring Cabin Adult Family Home to make an investigation of any of the facts set forth in this application. I understand that if I am employed, false statements in this application may result in my dismissal. I understand that employment at this company is "at will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature of Applicant Date

caring cabin

Employment Application

Date:

Last Name	First	Middle	Social Security Number

Permanent Address:	For how long? Years: _____ Months: _____	Contact
Street Address. Apt#		Home:
City, State, Zip		Cellular: Email:

Previous Address:	For how long? Years: _____ Months: _____	Emergency Contact
Street Address: Apt#:		Name:
City, State, Zip		Home No.: Work No.:

Have you worked here previously? ☐ YES ☐ NO If YES, when?

List any friends or relatives working here now or previously, with current phone numbers:

Position you are seeking:	Expected wage:	Available to begin work when?

☐ **PART TIME**	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
	DAYS	☐ 6-2	☐ 6-3	☐ 6:30-10:30	☐ Weekdays	☐ Weekends	☐ On Call
	EVENINGS	☐ 2-10	☐ 3-11	☐ 5-9	☐ Weekdays	☐ Weekends	☐ On Call
	NOC	☐ 10PM-6AM	☐ 11PM-6:30AM		☐ Weekdays	☐ Weekends	☐ On Call

☐ **FULL TIME**	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
	DAYS	☐ 6-2	☐ 6-3	☐ 6:30-10:30	☐ Weekdays	☐ Weekends	☐ On Call
	EVENINGS	☐ 2-10	☐ 3-11	☐ 5-9	☐ Weekdays	☐ Weekends	☐ On Call
	NOC	☐ 10PM-6AM	☐ 11PM-6:30AM		☐ Weekdays	☐ Weekends	☐ On Call

Are you a U.S. citizen or otherwise eligible for employment under the Department of Justice Immigration and Naturalization Service Requirements? ☐ YES ☐ NO

Have you been convicted of a felony crime in the past 7 years? ☐ YES ☐ NO
If YES, give date and explanation:

All employees of Adult Family Homes in the State of Washington must pass a criminal background inquiry. Is there anything that will negatively impact the result of this inquiry? ☐ YES ☐ NO If YES, explain:

Are you prevented from doing certain types of work due to serious injury / illness / physical challenges? ☐ YES ☐ NO
If YES, explain any conditions which prevent you from performing essential job functions:

Certification and Training (check all that apply)

☐ CNA expiration date: _____ ☐ Latest TB Test date 1): _____ date 2): _____

☐ Nurse Delegation: Core ☐ Mental Health Specialty Training

☐ Nurse Delegation: Diabetes ☐ Dementia Specialty Training

☐ CPR expiration date: _____ ☐ Food Handler Card

☐ 1st Aid expiration date: _____ ☐ Continuing Education Certificate

Other Training/Certifications/Skills Pertinent to Adult Family Home Employment

Description	Name/location of school	Date completed