Application for Employment

Sharon Care Center 1509 Harrison Ave Centralia, WA 98531 www.sharoncare.com (360) 736-0112

Position(s) applied for	_ (360) 736-011	12
Name	_ 	
LAST FIRS	Т	MIDDLE
AddressSTREET CITY	ST ATE	ZID CODE
	STATE	ZIP CODE
Telephone # ()Mobile/Beeper/Other Phone # (_)	
If necessary, best time to call you at home is		AM : PM
May we contact you at work?		☐ Yes ☐ No AM
If yes, work number and best time to call ()		: PM
If you are under 18 and it is required, can you furnish a work permit?		☐ Yes ☐ No
If no, please explain		
Have you submitted an application here before?		☐ Yes ☐ No
If yes, give date(s) and position(s)		/ /
Have you ever been employed here before?		☐ Yes ☐ No
If yes, give date(s)	m/Tc	0/_/
Are you legally eligible for employment in this country? Yes No Date available.	lable for work	/ /
Will you relocate if job requires it?	travel if job requires it?	Yes No
Will you work overtime if required?		☐ Yes ☐ No
If no, please explain		
Have you ever pled "guilty" or been convicted of a crime?		☐ Yes ☐ No
If yes, please provide date(s) and details		
Driver's license number if driving is an essential job function	State	^
Driver's necesse number in arrying is an essential job ranetion.		=
AVAILABILITY		
SundayMondayTuesdayWednesdayThursdayDaysDaysDaysDaysDays	Friday Days	Saturday Days
Bays Bays Bays Evenings Evenings Evenings Nights Nights Nights	Evenings	Evenings

Are there any specific hours that you are not available for work? If so, please list below:

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	DATES	SUMMARIZE THE TYPE OF WORK
	EMPLOYED	PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM	
ADDRESS	то	
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY STARTING	
	\$	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE?	\$	
☐ YES ☐ NO ☐ LATER	PER	
EMPLOYER	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM	
ADDRESS	то	
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY STARTING	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY FINAL	
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER	\$ PER	
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EMPLOYER	DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM	
ADDRESS	ТО	
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY	

	STARTING	
	\$	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING	HOURLY	
	RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER	\$ PER	
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EMPLOYER		SUMMARIZE THE TYPE OF
	DATES	WORK
	EMPLOYED	PERFORMED AND JOB RESPONSIBILITIES
TELEPHONE ()	FROM	RESPONSIBILITIES
ADDRESS	то	
STARTING JOB TITLE/FINAL JOB TITLE	HOURLY RATE/SALARY	
	STARTING	
	\$ STARTING	
IMMEDIATE SUPERVISOR AND TITLE	PER	
REASON FOR LEAVING		
REASON FOR ELAVING	HOURLY RATE/SALARY	
	FINAL	
MAY WE CONTACT FOR REFERENCE?	\$	
☐ YES ☐ NO ☐ LATER	PER	
Comments INCLUDING EXPLANATION OF ANY GAPS	IN EMPLOYMENT	
Comments in Carabinate Like Like Anni On The Court	II CIVII DO I WILLI I	
Skills and Qualifications		
Summarize any special training, skills, licenses and/or certific in the position for which you are applying.	cates that may qualify you as being	able to perform job-related functions
in the position for which you are apprying.		
		

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	Hall Datake		TOD Telatett

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE/ DIPLOMA	D. GPA/ CLASS RANK	E. MAJOR	F. MINOR

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List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Applicant Statement

I declare under penalty of perjury under the laws of the state in which the business to which I am applying is located that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. I understand that I am an at-will employee. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Signature	Signature	Signature			
Signature	Signature	Signature			
ignature	ignature	ignature			
			ignature		

I have read, fully understand, and accept all terms of the above Applicant Statement.