

COLUMBIA BASIN CARE FACILITY Employment Application	Last Name	First Name	MI	Date:
	Address	City / State		Zip
	Home Phone	Message Phone		
Date Available:				

Equal Employment Opportunity: It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.	Social Security No:	
	Have you ever worked for us before? Yes ___ No ___	Are you 18 years of age or older? Yes ___ No ___
	Position applied for:	

When are you available for work? (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices) Check shifts and days you can work: ___ Days ___ Swing ___ Nights ___ 8 HR ___ 12 HR ___ Sun ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri ___ Sat	Are you authorized to accept employment in the United States? (Successful applicants will be required to prove identity and eligibility for employment). ___ Yes ___ No
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Relatives / Friends: Qualified relatives / friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives / friends who currently work for us? ___ Yes ___ No If Yes, state names: _____
Qualifications: Please list any education, training, and / or specialized experience (such as schools, colleges, degrees, licenses, vocational, technical or military experience, etc.) you feel would help you perform the work for which you are applying: DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING NAME OF SCHOOL / MILITARY _____ _____ _____
Criminal Record: Have you been convicted of any crime that may disqualify you from working with vulnerable adults? (Conviction is not an automatic bar to employment; some factors may allow approval of employment after review). ALL PERSONS ACCEPTED FOR EMPLOYMENT WILL BE REQUIRED TO COMPLETE A CRIMINAL HISTORY CHECK. ___ Yes ___ No If Yes, give details: _____ _____
Driving Positions: (Answer only if driving is an essential function of the job): Have you ever been CONVICTED, pled GUILTY, NO CONTEST, or FORFEITED BOND OR BAIL for any traffic violations in the past 5 years? ___ Yes ___ No If Yes, give details: _____ _____

In case of emergency, notify:	
Name:	Address:
	Phone #:

Employment Experience: Please account for all periods of employment, by month / year, including any self-employment and military service, and identify any periods of unemployment between jobs, starting with current or most recent and working backwards.

Present or last employer	Phone	Hire Date	Date Left	Wage at Termination
Address	Supervisor	Job Title	Reason for leaving	
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VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which Columbia Basin Care Facility deems relevant to my qualifications for employment, including all statements made in this application, any attachments or supporting documents, and in any interviews. I authorize you to request and receive such information and I release from all liability, all persons, employers, or other entities supplying it. I also release you from all liability that might result from making the investigation.
2. I certify that the facts and information given in this application, in any attachments or supporting documents, and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of how and when discovered.
3. I understand that I may resign or be terminated without cause or notice, at any time. I also understand that Columbia Basin Care Facility may change, withdraw, or interpret policies and procedures as it sees fit.
4. This application will only be considered active for forty-five (45) days.
5. I understand that my application nor being hired does not, by itself, create a contract of employment, as all employees are hired at will. I understand and agree, if hired, that my employment is for no definite period of time, and may be terminated at any time, subject to Columbia Basin policies and procedures. I understand that no employee or agent of Columbia Basin is authorized to change any of these terms mentioned in the employment application form.

Signature: _____

Date: _____

UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED