

APPLICATION FOR EMPLOYMENT

NAME		LAST	FIRST	MIDDLE
ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		TODAY'S DATE
IF REQUIRED BY THE POSITION YOU ARE APPLYING FOR, DO YOU HAVE A VALID DRIVER'S LICENSE OR OTHER LICENSE, CERTIFICATION, OR REGISTRATION AS APPLICABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EMAIL ADDRESS		PHONE		DATE AVAILABLE
POSITION APPLIED FOR			SALARY DESIRED	
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
FORMER ADDRESS	STREET	CITY	STATE	ZIP
IN EMERGENCY NOTIFY			EMERGENCY PHONE	



EDUCATION RECORD

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	YR. LEFT SCHOOL	MAJOR MINORS	DEGREE RECEIVED
HIGH SCHOOL		N/A		N/A		
COLLEGE						
COLLEGE						
OTHER						
OTHER						

EMPLOYMENT RECORD: List Last Three Employers

PREVIOUS EMPLOYERS	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			

HAVE YOU EVER WORKED FOR SENIOR SERVICES BEFORE?

LIST PERIODS OF UNEMPLOYMENT OF MORE THAN THIRTY DAYS, AND EXPLAIN

SENIOR SERVICES IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE, OR LOCAL LAW.

EXPERIENCE

DESCRIBE YOUR SKILLS PERTINENT TO THIS POSITION:

Empty box for describing skills pertinent to the position.

RECRUITMENT DATA

PLEASE SPECIFY FROM WHERE YOU HEARD ABOUT THIS POSITION.

- Employee Website
Print Advertisement Other

PERSONAL DATA

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? YES NO
(A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT)
IF YES, PLEASE EXPLAIN:

Blank lines for explaining conviction details.

IS THERE ANYTHING THAT WILL INTERFERE WITH YOUR ABILITY TO PERFORM, ON A REGULAR BASIS, THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING?

Please sign by typing your full name in the Signature Box below

PLEASE ATTACH RESUME IF AVAILABLE

I certify that the information given by me to Senior Services is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered to conflict with Senior Services interest or those of its clients, nor will I become engaged in such activity or business if employed.

I authorize Senior Services to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Senior Services from any liability for future references it may provide regarding my work history at the agency.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Senior Services or myself. I understand that no representative of Senior Services, other than the authorized officer of the agency, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Senior Services advances any paid leave before it has been accrued, or advanced or loans me any money during the course of my employment, or if I lose, damage, or fail to return any agency property, Senior Services is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature Date

At Senior Services we embrace the belief that cultural, social, and other differences should be respected and celebrated. We are building a team with extraordinary cultural competence and also providing that team with tools to positively address institutionalized racism. All our employees and volunteers are responsible for providing and supporting a culturally competent work environment that will enrich our interactions with each other and our products and services. This provides the foundation for empowering our customers (primarily those who are aging and giving care to others) so their needs are justly represented and their desires amply fulfilled.

AFFIRMATIVE ACTION / NON-DISCRIMINATION SURVEY

Senior Services of Seattle/King County is committed to equal opportunities in employment and has policies for affirmative action and against discrimination in employment. Please help us comply with these policies and complete this survey.

Please be advised that:

1. The information requested below will be used for statistical reporting requirements *only*;
2. **The provision of this information is voluntary; you are not required to report this information;**
3. **The information you provide will be kept confidential;**
4. Refusal to provide the requested information will not harm your opportunity to work for Senior Services, nor harm your employment should you be employed at Senior Services.

<i>This is strictly voluntary and confidential.</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Origin: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled
Position Applied For: _____	

IF YOU HAVE A DISABILITY...

Do you need accommodation:

In applying for employment? _____

OR

To carry out the responsibilities of the position you are seeking? _____

Name: _____

Date: _____

(voluntary and confidential)

THANK YOU FOR YOUR ASSISTANCE