



PEOPLE HELPING PEOPLE HELP THEMSELVES

# SOUNDVIEW ASSOCIATION

Group Home – P.O. Box 151, Stanwood WA. 98292 (360)629-9236  
 Supported Living – P.O. Box 2576, Mt. Vernon WA. 98273 (360)424-0397

## Application for Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Please let us know if you need accommodations to participate in the application process.

### ■ PERSONAL INFORMATION (Please Print)

Last Name	First Name	Middle Name	Social Security Number
Present Address (Street, City, State and Zip Code)			Phone Number
Permanent Address (Street, City, State and Zip Code)			Phone Number
Will visa or immigration status prevent lawful employment?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony or gross misdemeanor? * (See note below) Yes <input type="checkbox"/> No <input type="checkbox"/>	Court and Nature of Offense		Date / Disposition
Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?		
Have you ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	Supervisor	
Have you any relatives employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name(s) of Relative	Position	

\*PLEASE NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

### ■ EMPLOYMENT DESIRED

Position/Job	Date Available
Do you wish to work Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/>	Indicate days you are available to work ___ Mon ___ Tues ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun Are you available to work Days <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/>

### ■ EDUCATIONAL BACKGROUND

	HIGH SCHOOL	COLLEGE	TRADE OR SPECIAL SCHOOL
Name and Location of School			
Dates Attended			
Did you graduate?			
Major Area of Study?			
Degree Obtained			
Date of Degree			

### ■ U.S. MILITARY SERVICE

Branch of Service	Dates of Duty	Rank at Separation	Briefly describe your duties

**JOB PERFORMANCE ABILITY**

Are you able to perform on a regular basis all the essential functions of the job for which you are applying, with or without accommodation?  
Yes  No  Please describe any accommodations required.

**WORK HISTORY**

LIST MOST RECENT EMPLOYER FIRST  
Include at least past five (5) years and explain any periods of unemployment of more than 30 days.  
Attach additional sheet if necessary.

Employer	Date Hired (mo/yr)	Positions held and descriptions of duties
Street Address	Date Separated (mo/yr)	
City and State	Salary/Hourly Rate Starting	
Reason for Leaving	Salary/Hourly Rate Ending	
		Name and Title of Immediate Supervisor/Telephone No.
Employer	Date Hired (mo/yr)	Positions held and descriptions of duties
Street Address	Date Separated (mo/yr)	
City and State	Salary/Hourly Rate Starting	
Reason for Leaving	Salary/Hourly Rate Ending	
		Name and Title of Immediate Supervisor/Telephone No.
Employer	Date Hired (mo/yr)	Positions held and descriptions of duties
Street Address	Date Separated (mo/yr)	
City and State	Salary/Hourly Rate Starting	
Reason for Leaving	Salary/Hourly Rate Ending	
		Name and Title of Immediate Supervisor/Telephone No.

Did you work for any of the above employers under a different name? If so, please indicate employer and give previous name.

**OCCUPATIONAL SKILL/EXPERIENCE**

List any additional experience, skills, or training applicable to the position for which you are applying.

Blank lines for listing occupational skill/experience.

■ **PROFESSIONAL REGISTRATION/LICENSURE**

(Any applicable licenses: NAR, CNA, NAC, Food Handlers permit, CPR/First Aid, etc. )

TYPE OF REGISTRATION OR LICENSE	STATE	NUMBER	DATE OF EXPIRATION

■ **REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS AND TELEPHONE	NATURE OF RELATIONSHIP

■ **READ CAREFULLY BEFORE SIGNING**

- (1) I certify that the information I have provided in this application is true and complete, to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or if employed, falsified statements on this application or failure to furnish all requested information may result in my dismissal.
- (2) I authorize my former employer(s), schools(s) and personal reference(s) and any other individual or organization to provide any information solicited by the company. I hereby release those persons or entities from all liability for providing such information.
- (3) Prior to employment I must provide information showing eligibility for employment in the United States and identification.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Date: \_\_\_\_\_