

EnvInCare Employment Application

Address: 5433 S Bell St - Tacoma, WA 98408 ~ Phone: (253) 234-4368 Fax: 253-320-7490
Email: info@EnvInCare.com

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Availability for Work

Indicate Days and List Hours Available for Work: Full-time Part-time Short-notice Split Shift

<input checked="" type="checkbox"/> - Sunday	From: _____	To: _____
<input type="checkbox"/> - Monday	From: _____	To: _____
<input type="checkbox"/> - Tuesday	From: _____	To: _____
<input type="checkbox"/> - Wednesday	From: _____	To: _____
<input type="checkbox"/> - Thursday	From: _____	To: _____
<input type="checkbox"/> - Friday	From: _____	To: _____
<input type="checkbox"/> - Saturday	From: _____	To: _____

What is the minimum number of hours you will work in one day?
 What is the maximum number of hours you will work in one day?

Language

<input type="checkbox"/> -ARABIC	<input type="checkbox"/> -CAMBODIAN	<input type="checkbox"/> -CHINESE	<input type="checkbox"/> -CROATIAN	<input type="checkbox"/> -CZECH
<input type="checkbox"/> -ENGLISH	<input type="checkbox"/> -FRENCH	<input type="checkbox"/> -GERMAN	<input type="checkbox"/> -GREEK	<input type="checkbox"/> -ITALIAN
<input type="checkbox"/> -JAPANESE	<input type="checkbox"/> -KOREAN	<input type="checkbox"/> -PORTUGUESE	<input type="checkbox"/> -RUSSIAN	<input type="checkbox"/> -SLOVAK
<input type="checkbox"/> -SPANISH	<input type="checkbox"/> -THAI (LAOTIAN)	<input type="checkbox"/> -UKRAINIAN	<input type="checkbox"/> -VIETNAMESE	Other-

Work Limitations

<input type="checkbox"/> -Emotional	<i>Comments:</i> _____
<input type="checkbox"/> -Health	<i>Comments:</i> _____
<input type="checkbox"/> -Hearing	<i>Comments:</i> _____
<input type="checkbox"/> -Lifting	<i>Comments:</i> _____
<input type="checkbox"/> -Physical	<i>Comments:</i> _____
<input type="checkbox"/> -Speech	<i>Comments:</i> _____
<input type="checkbox"/> -Other	<i>Comments:</i> _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: ()
Address: _____

Previous Employment

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: ()

Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to EnvInCare and Supportive Housing Association and I hereby release and discharge any of the above and EnvInCare and Supportive Housing Association from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Signature: _____ Date: _____