



*300 South 18th Street
Mount Vernon, WA 98273-4667
424-1320 ■ (FAX) 424-4512*

APPLICATION FOR EMPLOYMENT

It is the policy of Mira Vista Care Center to provide equal employment opportunities without regard to race, color, sex, age, creed, religion, marital status, national origin, veteran status, the presence of any sensory, mental or physical handicap, or other reason prohibited by applicable local, state, or federal law.

This application is to be active for a period of _____ days.

**PLEASE TYPE OR PRINT
ANSWER EVERY QUESTION WHICH PERTAINS TO THE
POSITION FOR WHICH YOU ARE APPLYING**

<hr/> Date	<hr/> Position Applied For
<hr/> Name	<hr/> Social Security Number
<hr/> Address	<hr/> Telephone Number (s)
<hr/> City	

If hired, can you furnish proof that you are 18 years of age or older; or if under age 18, do you have a permit to work? Yes No

Do you have any close relatives employed by Mira Vista Care Center? If yes, list name and relationship.

Have you previously worked for, or applied for a job with Mira Vista Care Center? If yes, please indicate when:

Work Availability

What type of position are you applying for?

Full Time Temporary Part Time On-Call

If your application is considered favorably, when can you start work? _____

Can you work overtime? _____ Can you work weekends? _____

Which shifts can you work?

Day shift: (_____ am to _____ pm) Evening shift: (_____ pm to 11:00pm)

Night shift: (11:00pm to _____ am)

Please specify any problems you may have meeting the work schedule: _____

After reviewing the position description of the job(s) you are applying for, are you able to perform the essential functions? Yes No If not, why not? _____

If not, what accommodations would permit you to perform the essential functions of the job?

EDUCATIONAL RECORD

SCHOOL:	LOCATION:	YEARS ATTENDED:	DID YOU GRADUATE:	DEGREE RECEIVED:
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

Note: Educational requirements will vary depending upon the position applied for.

WORK HISTORY

List all previous employers for whom you have worked during the last ten years. Explain any lapses between times when employed.

<p>From: _____ To: _____ Month Year Month Year</p> <hr/> <p>Your Title: _____</p> <p>Name/Title of Your Supervisor: _____</p> <hr/> <p>Reason for Leaving: _____</p> <hr/>	<p>Employer's Name and Address: _____</p> <hr/> <hr/> <p>Primary Duties: _____</p> <hr/> <hr/> <p>Salary: _____ Hours Worked: _____</p>
<p>From: _____ To: _____ Month Year Month Year</p> <hr/> <p>Your Title: _____</p> <p>Name/Title of Your Supervisor: _____</p> <hr/> <p>Reason for Leaving: _____</p> <hr/>	<p>Employer's Name and Address: _____</p> <hr/> <hr/> <p>Primary Duties: _____</p> <hr/> <hr/> <p>Salary: _____ Hours Worked: _____</p>
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Please list licenses and professional certifications related to the position which you are applying? _____

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List all previous employers for whom you have worked during the last ten years. Explain any lapses between times when employed.

From: _____ To: _____ Month Year Month Year	Employer's Name and Address: _____ _____ _____
Your Title: _____	Primary Duties: _____ _____ _____
Name/Title of Your Supervisor: _____	Salary: _____ Hours Worked: _____
Reason for Leaving: _____ _____	

From: _____ To: _____ Month Year Month Year	Employer's Name and Address: _____ _____ _____
Your Title: _____	Primary Duties: _____ _____ _____
Name/Title of Your Supervisor: _____	Salary: _____ Hours Worked: _____
Reason for Leaving: _____ _____	

From: _____ To: _____ Month Year Month Year	Employer's Name and Address: _____ _____ _____
Your Title: _____	Primary Duties: _____ _____ _____
Name/Title of Your Supervisor: _____	Salary: _____ Hours Worked: _____
Reason for Leaving: _____ _____	

Please list licenses and professional certifications related to the position which you are applying? _____

Do you have any other licenses or certifications which would be useful for the position you are applying for? If yes, please list and explain:

Do you have any military service experience that would be relevant to the job(s) for which you are applying? If yes, please explain:

Are you engaged in an outside activity or business that could be considered a conflict of interest with this facility, or with the interests of its clients? Yes No

If yes, please describe:

Within the past seven years have you been convicted of or pleaded no contest to a criminal offense, or been released from prison for any criminal offense? Yes No

Conviction of such a crime will not necessarily bar you from employment with Mira Vista Care Center. If yes, indicate nature of offense, date, court, and disposition: [Note: the Washington State Patrol has special criminal record reporting requirements that must be satisfied.]

Are you currently charged with an unresolved criminal charge? Yes No
Have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge? Yes No [Note: A yes answer will not automatically disqualify you from employment. If yes, please explain fully:

APPLICANT ACKNOWLEDGEMENT

PLEASE SIGN THIS APPLICATION AFTER CAREFULLY READING THE FOLLOWING:

Mira Vista Care Center is an "at-will" employer. This means that in the event I am hired as an employee for Mira Vista Care Center, my employment and compensation can be terminated, with or without notice at any time, at the option of either Mira Vista Care Center or myself. I understand that no representative of Mira Vista Care Center (other than the Administrator) has the authority to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing. Any such requirement must be clearly identified as a written contract.

I certify that the information given by me to Mira Vista Care Center on this application for employment and through an hiring process 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 authorize Mira Vista Care Center to solicit information regarding background information, and to contact any and all prior employers or other references I have listed 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 furnishing such information. If employed, I release Mira Vista Care Center from any liability for future references it may provide regarding work history at the facility.

I certify that I am not engaged in any outside activity or business that could be considered in conflict with Mira Vista Care Center's interests or those of its clients, or will I become engaged in such activity or business if employed.

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

If I am applying for a position which may have unsupervised access to vulnerable adults as described in RCW 43.43.830, as part of my application process, I understand that I may be asked to disclose any history I may have of convictions against children or other persons; or crimes related to abuse or financial exploitation of vulnerable adults. I understand that I may be hired on a conditional basis, pending completion of a background investigation by the state patrol.

I understand that as a condition of my employment, I must provide documentation to prove identity and eligibility to work in the United States by presenting any of the several documents as defined in INS Regulation 8 CFR §274a.2 (b) (1) (v). A complete list of all possible documents for proving eligibility to work is available in the administrator's office.

SIGNATURE

DATE