



APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Lutheran Community Services Northwest is an Equal Opportunity Employer. The questions in this application for employment do not imply limitations, preferences or discriminations based on age, sex, marital status, race, creed, color, national origin, or existence of any handicaps. Even though you may have submitted a resume, we appreciate you completing this required form. THE WASHINGTON STATE HUMAN RIGHTS COMMISSION CERTIFIED THAT THIS FORM ADHERES TO CIVIL RIGHTS STATUTES.

NAME: _____		DATE: _____	
Last	First	M.I.	
ADDRESS: _____			
Street			
_____		_____	
City	State	Zip	
TELEPHONE: _____		E-MAIL: _____	

REFERRAL SOURCE

- | | |
|---|--|
| <input type="checkbox"/> Self | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Current Employee | <input type="checkbox"/> College Placement |
| <input type="checkbox"/> Job Announcement | <input type="checkbox"/> LCSNW Web Site |
| <input type="checkbox"/> Other _____ | |

ELIGIBILITY

- Can you legally work in the U.S.A.?
 Yes No
- (Upon employment you will be required to provide proof and eligibility to work in this country.)

POSITION DETAILS

1. Position desired _____
2. Date available to begin work _____ 3. Hours preferred _____ 4. FT PT
5. Have you worked for LCSNW before? Yes No When _____

PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATION

Type	State	Number	Expiration Date

If you do not have a required registration or license, have you applied for one? Yes No

EDUCATION

Are you a High School graduate and do you have a diploma? Yes No

Name and Location of High School: _____

<u>Colleges/Other Schools</u> Name and Location	Academic Major Skill or Trade	Dates Attended	Certificate or Degree Granted	Major Field of Study

<u>Graduate Studies</u> Name and Location	Field of Study	Dates Attended	Certificate or Degree

EMPLOYMENT EXPERIENCE

List present or most recent employer first. Include at least past seven (7) years and military service.
Attach additional page as necessary.

Dates Employed: _____ to _____ Compensation: \$ _____ per _____

Employer Name, Address, and Telephone: _____

Supervisor: _____

Reason for Leaving: _____

Job Title and brief description: _____

May we contact this employer? Yes No

Dates Employed: _____ to _____ Compensation: \$ _____ per _____

Employer Name, Address, and Telephone: _____

Supervisor: _____

Reason for Leaving: _____

Job Title and brief description: _____

May we contact this employer? Yes No

Dates Employed: _____ to _____ Compensation: \$ _____ per _____

Employer Name, Address, and Telephone: _____

Supervisor: _____

Reason for Leaving: _____

Job Title and brief description: _____

May we contact this employer? Yes No

VOLUNTEER EXPERIENCE

List name of organizations, dates and duties except those whose name indicates affiliation based on creed, race, or national origin.

ADDITIONAL TRAINING/EXPERIENCE

List additional training and/or experience which may qualify you for desired position.

- WA OR ID State Food Services Permit
- Multimedia Standard First Aid
- Cardiopulmonary Resuscitation (CPR) Card

- WA OR ID Tubercular Test
- WA State Driver's License
- Other _____

REFERENCES

Give name, address and telephone number of three (3) professional references who are not related to you and not previous employers.

1. _____ Years Known _____

2. _____ Years Known _____

3. _____ Years Known _____

GENERAL

1. Have you been convicted of a felony or released from prison in the last seven (7) years?

Yes* No If yes, please explain fully:

*Answering "Yes" does not necessarily disqualify an applicant from employment.

2. Do you have relatives employed with LCSNW? Yes* No

*Answering "Yes" does not necessarily disqualify an applicant from employment.

3. Age: Please complete if the position for which you are applying requires a minimum age.

a. Are you at least 16 years old? Yes No

b. Are you at least 18 years old? Yes No

4. Due to the types of services Lutheran Community Services provides to clients who are children, elderly, and otherwise vulnerable or at risk, we ask that you complete the following questions (Note: A background check will be completed, as legally permitted, as a condition of employment):

Have you been subject to criminal or civil proceedings in which charges are pending, or have you had any prior convictions of civil judgments rendered in any way related to abuse, neglect, rape, indecent liberties, sexual abuse and/or sexual exploitation of children, the elderly or otherwise vulnerable people? Yes No If yes, explain fully (attach additional page if necessary):

SIGNATURE

I certify that the information in this application is true and complete to the best of my knowledge. I understand that, if employed, I will be subject to immediate dismissal if I have made any false statements, misrepresentations or withheld pertinent information in this application, interview(s) or related documents.

I authorize Lutheran Community Services Northwest to check all information contained in or related to this application including records of law enforcement agencies and Children's Protective Services of the Department of Social and Health Services.

I understand that, if employed by LCSNW, my employment is for an indefinite period and is at-will. This means that I will be free to end my employment at any time, for any reason, and that LCSNW has the same right with any employee. I understand the agency does not authorize any other promises of employment unless contained in a formal written employment agreement signed by the President/CEO of LCSNW.

Signature

Date