

JUDSON PARK
A COMMUNITY OF AMERICAN BAPTIST HOMES OF THE WEST
 23600 Marine View Drive South • Des Moines, WA • 98198
 206.824.4000 • www.RetirementLife.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION _____

(Please PRINT or TYPE)

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER ()
CURRENT ADDRESS (street number, name, city, state, zip code)	# OF YEARS AT ADDRESS	DAYTIME PHONE NUMBER ()	
PREVIOUS ADDRESS (street number, name, city, state, zip code)	# OF YEARS AT ADDRESS	EVENING PHONE NUMBER ()	
EMERGENCY CONTACT / PHONE NUMBER/RELATIONSHIP			CELL PHONE NUMBER ()

If employed, can you submit verification of your legal right to work in the United States? Yes No
 Have you ever been convicted of a misdemeanor or felony? (could include assault, arson, burglary, robbery, forgery, etc.) Yes No
 Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List any circumstances that you believe should be considered. _____

Have you ever been excluded from participation in Medicaid or Medicare? Yes No
 Are you over 18? Yes No If not, are you able to obtain a student work permit? Yes No

EMPLOYMENT DESIRED _____

TYPE OF POSITION DESIRED? (part-time, full-time, on-call)	DATE AVAILABLE	SALARY DESIRED
ARE YOU SEEKING <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Casual	SHIFTS AVAILABLE TO WORK? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> All	

Are you presently employed? Yes No

If Yes, prior to an offer of conditional employment, may we contact your present employer? Yes No



Are there any limitations on your ability to work on a regular basis, report to work on time, or on the hours you're available to work? Yes No

If yes, please explain: _____

Will you be able to perform the essential functions of the position for which you are applying? Yes No

If no, please explain: _____

Have you ever applied at the company before? Yes No If yes, when? _____

Have you ever been employed by the company before? Yes No If yes, when? _____

Have you ever been fired or asked to resign from a job? Yes No

If so, please explain: _____

EDUCATION AND TRAINING _____

HIGH SCHOOL (name and location)

GRADUATE? (y/n)

GPA

TECHNICAL/TRADE SCHOOL (name and location)

GRADUATE? (y/n)

DATE

DEGREE/CERTIFICATE

GPA

MAJOR SUBJECT/TOTAL HOURS (if applicable)

COLLEGE/UNIVERSITY (name and location)

GRADUATE? (y/n)

DATE

DEGREE/CERTIFICATE

GPA

MAJOR SUBJECT/TOTAL HOURS (if applicable)

LICENSING/CERTIFICATION PROGRAM

CERT. #

TYPE

DATE OF ISSUE

STATE OF ISSUE

EXP. DATE

RESTRICTION OF ANY TYPE?

Additional Education, Vocational, and/or Professional Information: Please attach written resume or other summary of information. Professional memberships, certificates or licenses held (exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment with additional information regarding education, vocational and/or professional memberships, certificates or licenses.

() Typing _____ WPM () Computer skills/software applications _____

() Other machines/skills _____

FOREIGN LANGUAGE SKILLS:

WRITTEN

SPOKEN

FLUENT

U.S. MILITARY SERVICE DATA _____

BRANCH

DATE OF DISCHARGE

RESERVE OR NATIONAL GUARD STATUS?

Special Training or Skills _____

EMPLOYMENT DATA

Please list your last three employers, starting with the most recent employer first.

COMPANY NAME _____ ()
PHONE NUMBER _____

ADDRESS (include street number, name, city, state, zip code) _____

EMPLOYMENT DATES (from-mo/yr to-mo/yr) _____ JOB TITLE (most recent) _____
BASE RATE OF PAY-Start / End _____
()

SUPERVISOR (name & title) _____ PHONE NUMBER _____ MAY WE CONTACT? () Yes () No

DESCRIPTION OF JOB DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ ()
PHONE NUMBER _____

ADDRESS (include street number, name, city, state, zip code) _____

EMPLOYMENT DATES (from-mo/yr to-mo/yr) _____ JOB TITLE (most recent) _____
BASE RATE OF PAY-Start / End _____
()

SUPERVISOR (name & title) _____ PHONE NUMBER _____ MAY WE CONTACT? () Yes () No

DESCRIPTION OF JOB DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME _____ ()
PHONE NUMBER _____

ADDRESS (include street number, name, city, state, zip code) _____

EMPLOYMENT DATES (from-mo/yr to-mo/yr) _____ JOB TITLE (most recent) _____
BASE RATE OF PAY-Start / End _____
()

SUPERVISOR (name & title) _____ PHONE NUMBER _____ MAY WE CONTACT? () Yes () No

DESCRIPTION OF JOB DUTIES _____

REASON FOR LEAVING _____

Please note and explain any periods of unemployment/self-employment _____

REFERENCES

Professional/Work References we may contact (relatives or household members may not serve as references).

LAST NAME	FIRST NAME	OCCUPATION
ADDRESS (street number, street name, city, state, zip code)	()	()
	DAY AND EVENING PHONE NUMBER	

LAST NAME	FIRST NAME	OCCUPATION
ADDRESS (street number, street name, city, state, zip code)	()	()
	DAY AND EVENING PHONE NUMBER	

LAST NAME	FIRST NAME	OCCUPATION
ADDRESS (street number, street name, city, state, zip code)	()	()
	DAY AND EVENING PHONE NUMBER	

PRE-EMPLOYMENT CERTIFICATION

- I understand that this application is only valid for the position applied for and that ABHOW is not obligated to retain or consider this application for future openings. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration wherever discovered. I authorize ABHOW to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.
- If employed I will abide by established policies and rules of the American Baptist Homes of the West. I understand that I will be required to possess a current and valid applicable state driver's license if my position requires me to drive in the course of my work. In addition, I shall maintain liability insurance as required by state law.
- If I am offered employment, I understand and agree that I may be required to undergo a physical examination and submit to legally permissible drug and/or alcohol testing at ABHOW's expense and that my offer of employment or continued employment may be conditioned by these examinations. I understand and agree to finger prints and criminal background checks, if required. I agree to authorize release of all results of information obtained from such examinations. In addition, I agree to authorize release of medical information deemed necessary by the examining physician to determine my capability to perform the work for which I am applying.
- If I am employed by ABHOW, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of ABHOW or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the intent concerning the nature of any employment relationship between ABHOW and myself. Further, I understand that there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by an authorized ABHOW representative.
- I agree that any claim or controversy arising out of either the failure to offer employment, or the termination of my employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the American Association Arbitration Rules and Procedures for Employment Disputes, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction. I further agree that in the event such an arbitration is held, each party shall pay the fees of his or her own attorneys, and shall share equally the costs of the arbitration, including but not limited to, the costs of a court reporter for the hearing.
- I recognize that regardless of the starting work schedule, I may be asked to work weekends, holidays, etc. and that refusal to do so may be grounds for dismissal. I hereby acknowledge that the ABHOW position for which I'm applying will be my primary position and that any conflicts that may arise will be resolved in favor of fulfilling the job applied for. I hereby acknowledge that no ABHOW representative has made any promises regarding employment. I agree to comply with all ABHOW policies, if hired.
- I authorize ABHOW to verify suitability for employment and the information provided with any person or organization listed. In addition, I release ABHOW and any persons or organizations listed in the application from claims of liability for providing information to ABHOW.

Initial
Initial
Initial
Initial
Initial
Initial
Initial
Initial

My signature certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature	Date of Application
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Equal Employment Opportunity Employer

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

VOLUNTARY SELF-IDENTIFICATION

American Baptist Homes of the West and its affiliated communities are Equal Employment Opportunity Employers. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of ABHOW to comply with all applicable federal, state, and local legislation concerning equal opportunity in employment. This survey form will be detached from the application and remain detached, and filed separately. Information provided will not be a factor in the employment decision.

POSITION

DATE

NAME (optional)

CHECK ONE: Male Female

CHECK ONE OF THE FOLLOWING GROUPS:

Native American/Alaskan Native

African American/Black

Asian/Pacific Islander

Hispanic

White

If you feel your ethnicity was not represented

You choose not to self-identify

CHECK IF APPLICABLE: Vietnam Era Veteran

ETHNIC ORIGIN

Use the following racial classifications to self identify yourself under ethnic origin:

- 1) Native American or Alaskan Native: Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
- 2) African American/Black/(not of Hispanic origin): Persons having origins in any of the Black racial groups in Africa or the Caribbean.
- 3) Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, Pacific Islands, or the Philippine Islands.
- 4) Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

Vietnam Era Veterans Status: Use the following definition to identify yourself as a Vietnam Era Veteran.

If you served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975.

PATIENCE GOODNESS

HONESTY

SELF-CONTROL