

TRANSITIONS

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position Applied For: _____ **Date:** _____

I. Personal Information

Name (Last, First, MI)		
Street Address	City, State	Zip Code
Phone Numbers (Home, Cell, Work)	Email Address	
How did you learn about this position?	When would you be available to begin work?	
Do you have any relatives who have been or are currently employed by Transitions? (List names/relationship)		

II. Employment History (Use a separate sheet to list additional employers if necessary)

Current or Most Recent Employer	Dates Employed To	Job Title
Address		Work Performed
City, State, Zip	Phone Number	
Manager/Supervisor	May We Contact? (Y,N)	Reason for leaving

Employer	Dates Employed To	Job Title
Address		Work Performed
City, State, Zip	Phone Number	
Manager/Supervisor	May We Contact? (Y,N)	Reason for leaving

Employer	Dates Employed To	Job Title
Address	Work Performed	
City, State, Zip	Phone Number	
Manager/Supervisor	May We Contact? (Y,N)	Reason for leaving

III. Job-Related Skills Inventory Check all skills or training that you have in the following areas:

<input type="checkbox"/> Typing WPM _____	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Building Maintenance	<input type="checkbox"/> Case Management
<input type="checkbox"/> Accounting	<input type="checkbox"/> Excel	<input type="checkbox"/> Groundskeeper	<input type="checkbox"/> Supervisory skills
<input type="checkbox"/> Ten-Key	<input type="checkbox"/> Power Point	<input type="checkbox"/> Languages	<input type="checkbox"/> Group Facilitation
<input type="checkbox"/> Billing	<input type="checkbox"/> Access	<input type="checkbox"/> Supervisory skills	<input type="checkbox"/> Database Administration
<input type="checkbox"/> Reception	<input type="checkbox"/> Multi-line Phones	<input type="checkbox"/> HMIS Data Collection	<input type="checkbox"/> Customer Service
<input type="checkbox"/> Lived Experience With Homelessness	<input type="checkbox"/> Lived Experience With Substance Abuse	<input type="checkbox"/> Lived Experience With Mental Illness	

Other Training: Please list any other skills, training, or courses which may apply to the position you're applying for:

IV. Educational History

Name of School	City/State	Years Completed	Degree/Diploma Received

V. Licenses, Certification, Permits (Please Enter up to Three)

License/Certification	State	License Number	License Expires

VI. Work Availability

Do you have any objection to working overtime? Yes No

Can you work overtime without prior notice? Yes No

Can you work on Saturdays? Yes No

Can you work on Sundays? Yes No

Can you travel if required by this position? Yes No

If your application receives favorable consideration, when will you be available to begin work? _____

VII. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VIII. References (Please list former employers and personal references).

Employer's Name

Address

Supervisor's Name and Phone #

IX. Applicant Disclosure Statement

Pursuant to the requirements of Washington State law RCW 43.43.834, we may ask you to complete an Applicant Disclosure Statement. Information obtained from this disclosure statement or from the background inquiries, will not necessarily preclude you from being offered a job but will be considered in determining your character, suitability and competence to perform in the position applied for and may result in denial of position unless precluded by regulations.

If your application is selected to move forward in our review process, you will then be asked to complete and sign an Applicant Disclosure Statement pursuant to RCW 43.43.834 (2) (a) in which you will be asked to disclose whether you have been convicted of a crime or had an administrative finding made against you. A copy of the report is available to you upon your request.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that misrepresentation or falsification of statements made in this application may result in immediate dismissal. I further understand that, if hired, my employment is not for any specific period or duration and is terminable at-will by the employer or me at any time with or without cause or notice. I understand this application is not a guarantee of or contract for employment.

I authorize the release of all high school, college and other educational records pertaining to my attendance, course work and other school activities.

I further consent to the disclosure of any and all information about me contained in private and government files relevant to this application for employment or relating to my present and former employment history, and I request all former listed employers and federal, state and local government agencies to supply said information to you in your request. You are also authorized to make any investigations of my background, fingerprints, personal history, and financial and credit record through any investigative or credit agencies or bureaus of your choice.

To my former employers named above, please furnish TRANSITIONS with personal information requested by TRANSITIONS. I release you, my former employers, from liability that may arise as a result of you providing such information to TRANSITIONS.

Upon written request, I am entitled to receive written disclosure of the nature and scope of the investigation requested. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract).

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. Such satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc) must be presented within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Applicant's Signature

Date