Employment Application

EOE/EMPLOYMENT ELIGIBILITY STATEMENT	OFFICE USE ONLY:
Evolve Supported Living, LLC is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, creed, color, religion, gender, national origin, age, citizenship, disability, special needs status, marital status, or any other basis protected by Federal, State or Local law. Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Contral Act of 1986.	DOH: / Rate: Department: Hired By: Orientation Start Date:

Incomplete applications will **NOT** be considered. A resume will **NOT** be accepted in lieu of a properly completed application.

Where did you hear about Evolve Supported Living? _____

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.	Date:
Street Address:		Apartment/Unit:	
City:	State:	Zip:	
Phone #:	Cell #:	Alt #:	
Email Address:	Social Security Number:		
Emergency Contact:	Phone #:		
Are you authorized to work in the U.S.? YES ☐ NO ☐	Do you have a reliable vehicle (excluding motorcycles/mopeds)? YES ☐ NO ☐		
Are you CPR and First Aid Certified? YES ☐ NO ☐	Do you have a valid Driver's License? YES ☐ NO ☐		
Are you Medication Certified (SAM)? YES ☐ NO ☐	Do you have automobile insurance? YES ☐ NO ☐		
Are you at least 18 years of age? YES ☐ NO ☐	If no, what is your date of birth?		
Have you ever worked for this company? YES ☐ NO ☐	If yes, when?		
Have you lived in the State of Washington for the past 3 years? YES ☐ NO ☐			

LEGAL
State of Washington regulations require a criminal, employment, and personal background check on all new employees. All applications who are offered a provisional job offer, will be subject to a Washington State background check prior to their first day of employment.

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EMPLOYMENT DESIRED

Position Applying For:

Are you interested in applying for or learning more about an internship to earn credits for a school program? Yes ☐ No ☐

Number of hours per week requested (i.e. minimum 20, maximum 40):

Are you available for Full Time or Part Time? FT ☐ PT ☐ | Available Start Date:

List the hours you are **AVAILABLE** to work:	List the hours you are **NOT AVAILABLE** to work:
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:
Saturday:	Saturday:
Sunday:	Sunday:

Are there any upcoming changes to your schedule that will affect your availability in the next 3 months, or an extended planned absence within the next 12 months (i.e. starting/finishing school, travel, etc.)? Yes ☐ No ☐
If yes, explain:

TRAVEL/VEHICLE USE

Are you willing to use your personal vehicle to transport clients in and around the community? Yes ☐ No ☐

What areas are you willing to travel? (check all that apply) Spokane ☐ Airway Heights ☐

REFERRAL

Were you referred to apply to this position by a current employee? Yes ☐ No ☐
If yes, please provide their name:

EDUCATION

If you need more space, or have additional education to list, please list on a blank sheet of paper and attach it to the application.

High School: From: To: Still Attending? Yes ☐ No ☐

Did you graduate? Yes ☐ No ☐ GED ☐ | Can you provide proof of graduation/GED? Yes ☐ No ☐

Highest grade completed:

College: | Address:

From: To: | Did you graduate? Yes ☐ No ☐ | Major/Degree:

Other Education: | Address:

From: To: | Did you graduate? Yes ☐ No ☐ | Major/Degree:

PREVIOUS EMPLOYMENT

List all current and former employers, beginning with your current or most recent employer. If you need more space or have additional employers to list, please list on a blank sheet of paper and attach it to the application. Do **NOT** refer to your resume.

Company:	Phone #:
Address:	Supervisor:
Job Title:	Starting Wage & Ending Wage:
Responsibilities:	
From: To:	May we contact your previous employer for a reference: Yes ☐ No ☐
Reason for leaving:	

Company:	Phone #:
Address:	Supervisor:
Job Title:	Starting Wage & Ending Wage:
Responsibilities:	
From: To:	May we contact your previous employer for a reference: Yes ☐ No ☐
Reason for leaving:	

Company:	Phone #:
Address:	Supervisor:
Job Title:	Starting Wage & Ending Wage:
Responsibilities:	
From: To:	May we contact your previous employer for a reference: Yes ☐ No ☐
Reason for leaving:	

REFERENCES

Please list **one professional** and **one personal** reference.

Full Name:	Relationship:
Company:	Phone #:
Address:	Number of years known:

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PREVIOUS EXPERIENCE

Please describe any experience you have working with children and/or adults with developmental disabilities:

Why are you interested in working with individuals with disabilities?

Are you comfortable assisting a participant (male or female) who requires personal care assistance (i.e. toileting, bathing, heavy lifting, mobility challenges, peri-care, etc.)?

Yes ☐ No ☐

If no, please explain:

Are you comfortable working with participants with aggressive behaviors (i.e. hitting, kicking, screaming, eloping, etc.)?

Yes ☐ No ☐

If no, please explain:

CERTIFICATIONS AND RELEVANT EXPERIENCE

Please check whether you have any of the following:

Adult Developmental Specialist	Yes ☐	No ☐	First Aid/CPR	Yes ☐	No ☐
Adult Developmental Therapy	Yes ☐	No ☐	Blood Borne Pathogen	Yes ☐	No ☐
Children's Developmental Specialist	Yes ☐	No ☐	HIV	Yes ☐	No ☐
Children's Developmental Therapy	Yes ☐	No ☐	Therapeutic Options Training/CPI	Yes ☐	No ☐
Caregiver	Yes ☐	No ☐	Nurse Delegation	Yes ☐	No ☐
Certified Nursing Assistant	Yes ☐	No ☐	Nurse Delegation Diabetes	Yes ☐	No ☐
Registered Nursing Assistant	Yes ☐	No ☐	Signing – American Sign Language	Yes ☐	No ☐
HCA-AC	Yes ☐	No ☐	75-Hour HCA Training	Yes ☐	No ☐
Other (list):					

SIGNATURE

I certify that the statements and information furnished by me in this application are true and correct to the best of my knowledge. I understand that any false information on this application is grounds for refusal to hire and, if employed, will be cause for immediate dismissal at any time with Evolve Supported Living, LLC. once aware of the falsified information.

I understand that with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, and criminal history, subject to applicable Federal, State and/or Local laws.

I understand and agree that if employed, the employment will be “at will”. That is, either I or Evolve Supported Living, LLC may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Evolve Supported Living, LLC does not imply employment and that this application and/or any other Evolve Supported Living, LLC documents are not contracts of employment.

I understand that Evolve Supported Living, LLC is a drug free workplace that performs random drug testing upon hire and during employment.

This application will remain valid for 60 days. After 60 days, this application will no longer be valid and you must submit a new application if you wish to be considered for employment with Evolve Supported Living, LLC.

My signature certifies that I have read and agree with the above statements.

Signature:	Date: