

Alpha Supported Living Services ~~ Application for Employment
 2611 NE 125th Street, Suite 145, Seattle, WA 98125 ~~ Phone: 206-284-9130 Fax: 206-284-0769

Name: _____ Date: _____ Position: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Date you can start: _____ Full-time _____ Part-time _____

How long have you lived in Washington State? _____ Social Security Number _____ / _____ / _____

Educational Background:

	Name	City	State	Years	Graduate? Yes/No	Basic area(s) of study, if applicable.
High School						
College						
Other						

Work History: Please list your last three work references with the most recent first.

Employer: _____ Address: _____ _____ Supervisor: _____ May we contact Supervisor/Employer: Yes _____ No _____ Phone Number(s): _____	Job Title: _____ Dates of Employment: From ___/___/___ To: ___/___/___ Starting Wage: \$_____ Ending Wage: \$_____ Job Responsibilities: _____ _____ Reason for Leaving: _____
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Employer: _____	Job Title: _____
Address: _____ _____	Dates of Employment: From ___/___/___ To: ___/___/___
Supervisor: _____	Starting Wage: \$ _____ Ending Wage: \$ _____
May we contact Supervisor/Employer: Yes _____ No _____	Job Responsibilities: _____ _____
Phone Number(s): _____	Reason for Leaving: _____

How did you hear about Alpha Supported Living Services or who referred you? _____

Write in times you are available, e.g., 8 am to 3 pm, etc:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days							
Swings							
Overnights							

Please list three reasons why you are the best candidate for the job:

1. _____
2. _____
3. _____

Do you have a current Washington State Driver's License? Yes _____ No _____ If no, can you obtain one? Yes _____ No _____

Have you ever been convicted of a crime that would exclude you from providing care to vulnerable adults? Yes _____ No _____

I declare, under penalty of perjury under the laws of the State of Washington, that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to cancel further consideration of this application or immediately discharge me from the employer's service whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from present and/or former employers or other references provided by me in this application, resume, or during the job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for seeking, gathering, and using such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

Signature: _____

Date: _____