

WHICH FACILITY ARE YOU APPLYING TO?
(Check all that apply):

Northwoods Lodge _____ 2321 Schold Place Silverdale, WA 98383	Clearbrook Inn _____ 12295 Schold Place Silverdale, WA 98383	Country Meadows _____ 12169 Country Meadows Ln. Silverdale, WA 98383	The Ridge _____ 1501 NE Tower View Circle Silverdale, WA 98383
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**ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING BEFORE
RETURNING THIS APPLICATION**

State regulations require all resident contact staff to have CPR, First Aid Certification, and HIV training certificates, within 30 days of employment. ALL STAFF are also required to have a TB test.

Certified Nurse Aide training is required for all persons applying for nurse aide positions. ALL STAFF are required to complete a Washington State Patrol Criminal History Background Inquiry application within 3 days. Prospective applicants are also screened through the Washington State Sex Offender Information Center web site. This facility does not discriminate against any applicant or prospective employee in regards to race, religion, national origin, age, color, sex, mental or physical impairment, marital status, veteran status, sexual orientation and gender-identity or expression, or any status protected by applicable Federal, state or local laws.

Encore is in compliance with Disabilities Act of 1990, as amended, protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits, classification, referral, and other aspects of employment on the basis of disability. The law also requires that covered entities provide qualified applicants and employees having disabilities with reasonable accommodations that do not impose undue hardship.

If you believe you have been discriminated against contact:

Encore Communities – Silverdale Campus
ADA Coordinator, Kirsta Geiger, Executive Director
2321 Schold Place NW Silverdale, WA 98383
(360) 698-3930

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS:

NAME: _____
PLEASE PRINT

NAME: _____ DATE: _____
SIGNATURE

Date of Application: _____ Date Available: _____

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

(This application will be under consideration for 15 days from the day of receipt.)

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

Alternate Contact: _____
(NAME & PHONE #)

Are you 18 or Older? _____

Are you employed now? _____ May we contact your employer? _____

If not, why? _____

Primary Position Desired: _____

Type of Work Desired	Shift	Salary
1 st Choice		
2 nd Choice		
3 rd Choice		

Are you available to work weekends? _____ Holidays? _____ Rotating Shift? _____

Please indicate below days and hours you are available to work, please be specific.

DAY	FROM	TO
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Do you have responsibilities that would limit your availability? YES _____ NO _____

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling changes as directed by my Department Head or Administrator of this establishment.

Applicants Signature Date

How did you learn about this opening? _____

Have you ever worked at an Encore Communities Facility? (Northwoods Lodge, Clearbrook Inn, Country Meadows or The Ridge) **NO** **YES**

If yes, where, when and in what position? _____

EDUCATION: Circle Highest Grade Completed 8 9 10 11 12 13 14 15 16

High School: _____

LOCATION, COURSES COMPLETED, DEGREE

College: _____

LOCATION, COURSES COMPLETED, DEGREE

Vocational: _____

LOCATION, COURSES COMPLETED, DEGREE

Business: _____

LOCATION, COURSES COMPLETED, DEGREE

Professional: _____

LOCATION, COURSES COMPLETED, DEGREE

Please list any other training, or skills that may be helpful in you desired position: _____

Extracurricular activities while in school: _____

Member of Professional Organizations: _____

Honors received, volunteer service, community service, or other qualifications which are related to the position you are applying: _____

Have you served in the US Armed Forces? YES NO If yes, which branch: _____

Dates of duty: _____

Please list professional licenses and/or certifications (type, organization, state issued, date issued, and verification #): _____

EMPLOYMENT RECORD: List most recent position first.

Company Name: _____

Address: _____

Phone Number: _____ Dates Employed: From: _____ To: _____

Supervisors Name and Phone: _____

Position Held/Duties: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Phone Number: _____ Dates Employed: From: _____ To: _____

Supervisors Name and Phone: _____

Position Held/Duties: _____

Reason for Leaving: _____

EMPLOYMENT RECORD (cont.)

Company Name: _____
Address: _____
Phone number: _____ Dates Employed: From: _____ To: _____
Supervisors name and phone: _____
Position Held/Duties: _____
Reason for Leaving: _____

Company Name: _____
Address: _____
Phone Number: _____ Dates Employed: From: _____ To: _____
Supervisors name and phone: _____
Position Held/Duties: _____
Reason for Leaving: _____

Please explain periods of unemployment: _____

If your former employment references, education or military service are under a name other than indicated on the front of the application, please indicate: _____

Have you ever been convicted of a crime? _____
If so, what, when and where: _____

Conviction of a criminal offense will not necessarily preclude your employment.

Use this space to give further information, which will assist us in placing you: _____

Please list two personal references not related to whom you have known at least one year:

Name and Phone Number

Name and Phone Number

Do you consider yourself to be able to perform all of the duties required by the job(s) for which you are applying without endangering yourself, other employees, or patients? _____
If not please explain: _____

I understand that I will be required to follow the personnel policies and rules of the establishment and that infractions of said rules may lead to dismissal.

I voluntarily give this establishment the right to make a thorough investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility of employment.

Applicant's Signature

RELEASE OF INFORMATION FROM PRIOR EMPLOYER

(To be completed by applicant)

Name: _____

Former Employer: _____

Phone Number: _____ Fax Number: _____

Complete Address: _____

Employed As: _____ From: _____ To: _____

I do hereby consent to and authorize the above named employer to release the information requested within this reference form. I do hereby hold harmless and release said employer from any liability in releasing this information.

Signature: _____

(To be completed by Encore Communities)

The above named person has applied for a position as _____.
 Would you kindly assist us in determining his/her qualifications by responding to the following items? Please note that the applicant has signed above to authorize release of this information. It is understood that any information received will be held in confidence and we will be pleased to reciprocate if the occasion arises. Please complete the form below and return it in the enclosed envelope to Clearbrook Inn, 12295 Schold Place NW, Silverdale, WA 98383 or fax a copy to 360-308-9150. Thank you.

Signature & Title: _____

(To be completed by previous employer)

Employed From:	To:		As:	
	Excellent	Above Average	Average	Unsatisfactory
Work Performed				
Dependability				
Attendance				
Initiative				
Ability to get along with others				
Would you re-employ? Yes _____ No _____ If not, Why? _____				
Other Comments: _____				
Signature & Title			Date	

For additional comments, please use the back of this form

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(To be completed by applicant)

Name: _____

Former Employer: _____

Phone Number: _____ Fax Number: _____

Complete Address: _____

Employed As: _____ From: _____ To: _____

I do hereby consent to and authorize the above named employer to release the information requested within this reference form. I do hereby hold harmless and release said employer from any liability in releasing this information.

Signature: _____

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