



Date: _____

APPLICATION FOR EMPLOYMENT

READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

Martha & Mary is an equal opportunity employer, no qualified person with a disability shall, on the basis of that disability be subject to discrimination in employment. Martha & Mary considers all applicants without regard to race, religion, color, national origin, age, sex, marital status, disability, veteran status or any other characteristic protected by applicable state or federal civil rights laws.

The application is to be filled out in the applicant s own legible handwriting. All questions are to be answered. If you do not know the answer, say you do not know. If the question does not appear to apply, put in the initials N.A. for not applicable. Acceptance by Martha & Mary of your completed application does not constitute an offer for a position. If you are accepted for employment, you will be asked to complete additional forms. Your cooperation will be expected and appreciated.

Incomplete information could disqualify you from consideration.

PERSONAL INFORMATION

1. What is your name?

Name:

_____ Last

_____ First

_____ Middle

2. Where do you live?

Physical:

_____ Street

_____ City/State

_____ Zip

Mailing:

_____ Street

_____ City/State

_____ Zip

3. What is your email address? _____

4. What is your home phone number? _____

5. What is your cell phone number? _____

6. Are you eligible to work in the U.S? Yes No

7. Are you at least 18 years or older? Yes No

8. Have you previously been employed with Martha & Mary? Yes No

8a. If yes; dates employed: From: _____ To: _____ Position: _____

8b. Location: _____ Rate of pay: _____

8c. Reason for leaving: _____

EMPLOYMENT DESIRED

9. Are you currently employed? Yes No

9a. If yes; may we contact your current employer? Yes No

10. What position are you applying for? _____

Full Time

Part Time

Active-Temporary/On Call

Other

11. Date you are available to start work? _____
12. Other positions you would consider? _____
13. What will you accept as a starting salary: \$_____ per hour
14. Will you accept less than full time? Yes No
15. What shifts can you work? _____
16. What shifts are you not able to work? _____
17. Do you have any family members working at Martha & Mary? Yes No
- 17a. What is your relationship? _____
18. Have you previously applied at Martha & Mary? Yes No
- 18a. If so; when? _____
19. Do you have any responsibilities, obligations or other concerns (such as transportation) that would interfere with your attendance and/or the requirements of the position you are applying for?
- _____
- _____
- _____

BACKGROUND DATA

20. Have you ever been convicted of a crime or been imprisoned in the past ten (10) years?
Yes No If so; please list details of the crime.

A conviction record will not necessarily bar you from employment

21. Have you ever been convicted of child or adult sexual abuse or any other crime involving physical harm or financial abuse to another person of any age? Yes No
 If so; please give details of the crime

I understand that question 21 is required by law. Per WAC 388-97-195 and WAC 388-78A-2470 I must complete a Department of Social and Health Services Criminal Background Authorization form which will be processed by the DSHS Background Check Unit through the Washington State Patrol and the Washington State Department of Health.

22. How long have you lived at your present residence? _____

22a. Where have you lived the last **10 years**, and for how long at each address?

1. _____
2. _____
3. _____

REFERRAL SOURCE

23. How did you hear about us? Walk In Internet Martha & Mary Website Kitsap Sun
 On line Classifieds Community Newspaper Other: _____
 Referral – Employee’s Name: _____

EDUCATION

Type of school	Name and address of school	Major subject	Last year attended (circle)	Graduated (circle)	Degree
High school/ G.E.D.			9 10 11 12	Y N	
College			1 2 3 4	Y N	
College			1 2 3 4	Y N	
Graduate school			1 2 3 4	Y N	
Business/Trade /Other			1 2 3 4	Y N	

SPECIAL SKILLS

24. Please check the skills for which you have received training:
 Word Processing (WPM : _____) Data Entry 10 key Calculator
 Software Applications: _____
 Machinery: _____
 Other: _____
 WA State 20 hours STARS Completion: _____

25. Please provide the number of your current RN, LPN, NAC or NAR license with the expiration date. Failure to provide license information may delay the processing of your application.

State/License #: _____ Year Issued: _____ Year Expires: _____
 State/License #: _____ Year Issued: _____ Year Expires: _____
 State/License #: _____ Year Issued: _____ Year Expires: _____

26. Have you ever had your license revoked or suspended? Yes No

26a When and why?

A revoked license will not necessarily bar you from employment.

EMPLOYMENT HISTORY

27. IMPORTANT: List previous positions you have held **beginning with the most recent and working backwards. Do not omit any employer**, even though the job may have been unrelated to the job for which you are now making application. **Account for all time**, even though you have been a student, in the military or unemployed.

Name of employer		Telephone number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's name and title	
Employed from (month/year)	To (month/year)	Beginning rate of pay	Final rate of pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) worked:			
Reasons for leaving:			
Name of employer		Telephone number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's name and title	
Employed from (month/year)	To (month/year)	Beginning rate of pay	Final rate of pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) worked:			
Reasons for leaving:			
Name of employer		Telephone number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's name and title	
Employed from (month/year)	To (month/year)	Beginning rate of pay	Final rate of pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) worked:			
Reasons for leaving:			
Name of employer		Telephone number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's name and title	

Employed from (month/year)	To (month/year)	Beginning rate of pay	Final rate of pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) worked:			
Reasons for leaving:			
Name of employer		Telephone number ()	
Full Address (Including Street, City, State & Zip)		Supervisor's name and title	
Employed from (month/year)	To (month/year)	Beginning rate of pay	Final rate of pay
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Position(s) worked:			
Reasons for leaving:			

REFERENCES

28. List below three (3) persons not related to you, whom you have known for at least one (1) year

Name	Years acquainted	Relationship and title	
Company		Email	
Complete business or home mailing address		Home phone ()	Business phone ()
Name	Years acquainted	Relationship and title	
Company		Email	
Complete business or home mailing address		Home phone ()	Business phone ()
Name	Years acquainted	Relationship and title	
Company		Email	
Complete business or home mailing address		Home phone ()	Business phone ()

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____

ACKNOWLEDGEMENTS

Please read carefully before signing.

29. No Discrimination/Equal Opportunity: Martha & Mary is an equal opportunity employer. Martha & Mary does not discriminate in employment on the basis of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

30. At Will Employment: I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Martha & Mary to hire me. If I am hired, I understand that either Martha & Mary or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Martha & Mary has the authority to make any assurance to the contrary.

31. Certification of Application and Supporting Documents: I attest with my signature below that I have given to Martha & Mary true and complete information on this application, addendums and accompanying resume or documents (if any). No requested information has been concealed. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

32. References and Background Check: I authorize Martha & Mary to contact references provided for employment reference checks. I further authorize Martha & Mary to thoroughly investigate all statements contained in my application or resume. I understand that any employment is conditioned on a background check.

***NOTE: This application is valid for 60 days from the date signed/dated above.**

My signature attests to my understanding of, and agreement to all statements contained in items 29 through 32.

Signature: _____

Date: _____

For Martha & Mary Use Only

Washington State DOH License Verification: RN LPN NAC NAR

Verification Date: _____

Status: _____ Expires On: _____

Open Complaints: Yes No

Closed Complaints: Yes No

Washington State DSHS-OBRA License Verification (NAC/NAR only)

Status: As of: _____ Expiration Date: _____

TELEPHONE MESSAGES/CONTACT:

Position Code Hired for: _____ Job Title Hired for: _____

Starting Wage \$ _____ After Intro \$ _____

Full Time Part Time Active-Temporary/On Call Other: _____

Contract: Yes No

If yes; type: _____

Location: MMHS MMCS MMLS

Date of 1st Interview/Initials: _____

Date of 2nd Interview/Initials: _____

Date of Offer: _____

Start Date: _____

TB Test Date: _____ Orientation Date: _____

WA State DSHS Background Authorization Sent: _____

Do not write below this line
