



Tri-Cities

For people with intellectual and developmental disabilities

The Arc of Tri-Cities
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Richland, WA 99352
(509) 783-1131
Fax: (509) 735-7706
Website: www.arcoftricity.com
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A participating United Way Agency

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: [ ] Advertisement [ ] Friend [ ] Relative [ ] Walk-in
[ ] Employment Agency [ ] Other \_\_\_\_\_

Name \_\_\_\_\_
Last First Middle

Address \_\_\_\_\_
Number Street City State Zip Code

E-Mail \_\_\_\_\_

Best Phone to Call ( ) \_\_\_\_\_ Circle best time to call: Morning Afternoon Evening

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

If no Driver's License - Valid Photo ID Type \_\_\_\_\_ # \_\_\_\_\_

Have you filed an application here before? [ ] Yes [ ] No If yes, give date \_\_\_\_\_

Have you ever been employed here before? [ ] Yes [ ] No If yes, give date \_\_\_\_\_

Are you employed now? [ ] Yes [ ] No

May we contact your present employer [ ] Yes [ ] No If no, why not? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Immigration or Visa Status? (Proof of citizenship or immigration status is required upon employment.)
[ ] Yes [ ] No

On what date would you be available for work? \_\_\_\_\_

Are you available to work [ ] Full Time [ ] Part Time [ ] Shift Work [ ] Temporary

Are you on a lay-off and subject to recall? [ ] Yes [ ] No

Can you travel if job requires? [ ] Yes [ ] No

Would you be willing to use your personal vehicle to carry out your duties?

Yes  No

Do you currently have a CPR/First Aid Card?  Yes  No

Have you been convicted of a felony within the last seven years?  Yes  No

If yes, please explain \_\_\_\_\_

Are you a veteran of U.S. Military service?  Yes  No If yes, Branch \_\_\_\_\_

Do you have any physical, mental, or medial impairment or disability that would limit your job performance for the position for which you are applying?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?  Yes  No

If yes, please indicate (if more room is needed, include a separate sheet of paper

\_\_\_\_\_

List professional, trade business, or civic activities and offices held.

(Exclude those which indicate race, color, religion, sex or national origin)

\_\_\_\_\_

\_\_\_\_\_

Give name, address and phone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_

\_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize and adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Sign \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer		Dates Employed		Work Performed
		From	To	
Address	Phone			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address	Phone			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address	Phone			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
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Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address	Phone			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

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# Education

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed: (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree		Yes/No	Yes/No	Yes/No
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra Curricular Activities				

Honors Received:

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State additional information you feel may be helpful to us in considering your application.

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## Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Agency.

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Signature of Applicant

Date

<u>For Personnel Department Use Only</u>	
Arrange interview	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
Time:	
Employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Employment:	
Job Title:	Department:
Hourly Rate/Salary:	
Remarks:	