



WASHINGTON CARE CENTER
Understanding your rehabilitation and long term care needs.

2821 South Walden – Seattle, Washington – 98144 - (206) 725- 2800

APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME	FIRST	MIDDLE	DATE
STREET ADDRESS			HOME TELEPHONE ()
CITY , STATE , ZIP			BUSINESS TELEPHONE ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes : Month & Year / Location			SOCIAL SECURITY #
POSITION DESIRED			EXPECTED WAGE
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			

EDUCATION

NAME & LOCATION OF SCHOOL/ COLLEGE	COURSE OF STUDY	NO.OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA

GENERAL

Is English your primary language? Yes No
Please list any languages other than English in which you are fluent :

FOR OFFICE USE ONLY:
SDODRPDH _____

EMPLOYMENT HISTORY

1

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED- Month & Year FROM TO
NAME OF SUPERVISOR	PAY RATE START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____ _____	REASON FOR LEAVING

2

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED- Month & Year FROM TO
NAME OF SUPERVISOR	PAY RATE START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____ _____	REASON FOR LEAVING

3

COMPANY NAME	TELEPHONE ()
ADDRESS	EMPLOYED- Month & Year FROM TO
NAME OF SUPERVISOR	PAY RATE START LAST
STATE JOB TITLE & DESCRIBE YOUR WORK _____ _____	REASON FOR LEAVING

We may want to contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT EMPLOYER NUMBER(S) _____ Reason:
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SIGNATURE

Washington Center is an Equal Opportunity Employer and does not discriminate against any persons on the basis of Race, Color, Religion, Sex, National Origin, Age or Disability. Our policy of nondiscrimination is enforced in the areas of hiring, promotion, discharge, compensation, terms and conditions, or privileges of employment.	
The information provided in Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I authorize investigation of all statements contained in this application. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
_____ Signature	_____ Date



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Reference Request
Return Fax No. 206-577-6298

Date _____

Attn: _____

Re: Applicant for Employment: _____

Social Security No: _____

The above named individual has applied for the following position in our facility:

We would appreciate the following information which will be held strictly confidential.
Your early consideration will be appreciated.

Respectfully,

To Whom It May Concern:

I hereby authorize WCC to investigate my background and release information requested below from any of my references, schools or former employers.

Applicant Print Name

Signature of Applicant

Date

Dates of Employment: From Date: _____ To Date: _____

Reason for Leaving: _____

Eligible for rehire? Yes _____ No _____

Pleas Evaluate:

	Excellent	Good	Poor
Work Performance:	_____	_____	_____
Attendance	_____	_____	_____
Communication Skill:	_____	_____	_____
Technical Ability:	_____	_____	_____

Other comments: _____

Reference Provided by: _____ Date: _____

Title: _____

