



HARBORS HOME HEALTH & HOSPICE

201 7th Street, Hoquiam, WA 98550

APPLICATION FOR EMPLOYMENT

To the applicant: Read this section carefully before answering any of the questions in this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal laws also prohibit other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination based on ancestry, parental or marital status, sexual orientation or source of income.

Date

Personal Information

Last Name First Name Initial SSN

Address City State Zip Code

How many years have you lived at this address? Phone Number Type

Previous address, if less than two years

City State Zip Code

Job Related Information

Jobs Applying For: Rate of Pay Expected Per

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Employment Preference Date available to start

How did you learn of this opening?

Have you ever worked for this company before?

List any names of friends or relatives working for us:

List any other experiences, skills, or qualifications which you feel would fit you for work with this organization:

If hired, do you have reliable means of transportation?

You have been provided a written job description which includes essential job functions of the position for which you have applied. Are you able to perform each of the essential job functions listed for this position with or without accommodations? Yes No

If you can perform the job functions with accommodations, please describe how you would perform the functions of the position and with what specific accommodations.

If the position you have applied for requires specific licensing, certification, or registration, please list all that apply below, starting with your State issued drivers license.

Type of License	Number	Where issued	Date issued	Expiration Date
Drivers License				

Educational Information

	NAME CITY AND STATE	GRADUATED COMPLETED	MAJOR OR COURSE OF STUDY
High School			
College			
Post Graduate			
Business or Trade			
Other			

List any additional training not listed above that would be helpful to your position with the agency.

References

Please list three (3) personal references who can vouch for your character and abilities.

	NAME	ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

Prior Work History

DATES		NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	
FROM				
TO				
SUPERVISOR NAME			TELEPHONE NUMBER	

Do we have your permission to contact this employer? Yes No

DATES		NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING	
FROM				
TO				
SUPERVISOR NAME			TELEPHONE NUMBER	

Do we have your permission to contact this employer? Yes No

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FROM				
TO				
SUPERVISOR NAME			TELEPHONE NUMBER	

Do we have your permission to contact this employer? Yes No

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his /her complete background. To assist in finding the position for you in our agency, use the space below to summarize an additional information necessary to fully describe your qualifications.

Thank you for completing this application and for your interest in employment with Harbors Home Health & Hospice. All applicants must successfully pass a full background check prior to employment starting.

**PLEASE READ CAREFULLY
APPLICANT CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the employment application and submitted resume are true and complete to the best of my knowledge. I understand that if employed by Harbors Home Health & Hospice, any falsified statements or information on this application shall be considered sufficient cause for my dismissal. I authorize Harbors Home Health & Hospice to make any investigation of my personal history and professional background through any investigative agency or bureau of their choosing. I therefore, release all parties and persons connected with any request for information from liability and/or damages for whatever reasons arise out of furnishing such information.

Signature of Applicant: _____

Date _____



DISCLOSURE STATEMENT

I, _____ have never been:

1. Convicted of any crime against children or other persons:

Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promotion prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they be renamed in the future.

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult:

A conviction for first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes that may be renamed in the future. A vulnerable adult is a person of adult age that lacks the functional, mental, or physical ability to care for themselves.

3. Convicted of crimes relating to drugs:

A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused a minor.

5. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused or exploited any vulnerable adult.

6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.

Any final decision issued by a disciplining authority under chapter 18.130 RCW or the secretary of the department of health for the following businesses or professions: chiropractic, dentistry, dental hygiene, massage, midwifery, naturopathy, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing and psychology.

7. Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

The illegal or improper use of a vulnerable adult or that adult's resources for another perons's profit or advantage.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

What will disqualify a person from working with vulnerable adults?

There are currently six (6) categories of behavior that may be disqualifying.

1. If your record shows a conviction for any of the following crimes, you are automatically disqualified:
 - * Aggravated murder
 - * Arson, 1st degree
 - * Assault, 1st degree
 - * Assault, 2nd degree
 - * Assault, 3rd degree
 - * Assault, 4th degree
 - * Assault of a child, 1st degree
 - * Burglary, 1st degree
 - * Child abandonment
 - * Child abuse or neglect as defined in RCW26.44.020
 - * Child buying or selling
 - * Child molestation, 1st degree
 - * Communication with a minor for immoral purposes
 - * Criminal abandonment
 - * Criminal mistreatment, 1st degree
 - * Criminal mistreatment, 2nd degree
 - * Custodial assault
 - * Custodial interference, 1st degree
 - * Custodial interference, 2nd degree
 - * Extortion, 1st degree
 - * Extortion, 2nd degree
 - * Extortion, 3rd degree
 - * Felony indecent exposure
 - * Forgery
 - * Incest
 - * Indecent liberties
 - * Kidnapping, 1st degree
 - * Kidnapping, 2nd degree
 - * Malicious harassment
 - * Manslaughter, 1st degree
 - * Manslaughter, 2nd degree
 - * Murder, 1st degree
 - * Murder, 2nd degree
 - * Patronizing a juvenile prostitute
 - * Promoting pornography
 - * Promoting prostitution, 1st degree
 - * Prostitution
 - * Rape, 1st degree
 - * Rape, 2nd degree
 - * Rape, 3rd degree
 - * Rape of a child, 1st degree
 - * Rape of a child, 2nd degree
 - * Rape of a child 3rd degree
 - * Robbery, 1st degree
 - * Robbery, 2nd degree
 - * Selling or distributing erotic materials to a minor
 - * Sexual exploitation of minors
 - * Sexual misconduct/minor 1st degree
 - * Sexual misconduct/minor 2nd degree
 - * Theft, 1st degree
 - * Theft, 2nd degree
 - * Theft, 3rd degree
 - * Unlawful imprisonment
 - * Vehicular homicide/
Negligent homicide
 - * Violation of a child abuse restraining order

2. If your record shows a conviction for any of the following crimes, you may be hired without departmental action against the facility if the conviction date (court date) is three (3) of five (5) years before the employment application date.
 - Three (3) years must pass:**
 - * Assault, 4th degree
 - * Prostitution
 - * Theft, 3rd degree
 - Five (5) years must pass:**
 - * Forgery
 - * Theft, 2nd degree

3. If your record shows a conviction for any of the following crimes, the facility may disqualify you:
 - * Manufacture of a controlled substance
 - * Delivery of a controlled substance
 - * Possession with intent to manufacture a controlled substance
 - * Possession with intent to deliver a controlled substance

4. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified.

5. If a court, a department of the state, disciplinary board, or dependency action has found that you have abused, neglected, exploited, or sexually abused any minor or vulnerable adult, you may be automatically disqualified.

6. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified under facility licensing regulations.