



"Quality Services, Caring Staff"

WESLEY HOMES

A WASHINGTON NON PROFIT CORPORATION

Application for Employment

hr@wesleyhomes.org

***Wesley Homes Des Moines - Wesley Homes Health Center
Wesley Homes Community Health Services, Wesley Homes at Home***

815 So. 216th St., Des Moines, Washington 98198-6396 (206) 824-5000

Wesley Homes Lea Hill

32049 109th Pl SE, Auburn, WA 98092 (253) 876-6000

READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION!

When you fill out this application, you are applying for a position of employment with Wesley Homes, a Washington non profit corporation, related by affiliation to the Pacific Northwest Conference of United Methodist Church.

Wesley Homes is one organization, although buildings are designated The Terrace, The Gardens, Wesley Homes Health Center and Wesley Homes Community Health Services as a means of identification. Employees are hired and assigned by the Corporation within the organization where needed, and may be reassigned within the organization to another building at any time.

Wesley Homes is an equal opportunity employer, and no qualified disabled person shall, on the basis of disability, be subject to discrimination in employment. Employment is open to persons without regard to their race, age, color, sex, creed, national origin, religion, marital status or veteran's status.

★★ **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 the Home of your completed application does not constitute an offer for a position. If you are accepted for employment, you will fill out other forms. Your cooperation will be expected and appreciated.

1. Full Name	_____	_____	_____	_____
	Last	First	MI	
Address	_____			City _____
State _____	Zip Code _____	- _____	Home Phone (_____)	- _____
Work/Message Phone (_____)	_____			- _____
2. Date of Birth _____	/ _____	/ _____	Social Security No. _____	- _____ - _____

★★ **POSITION APPLIED FOR:** _____

Other positions you would consider? _____

What will you accept as a starting salary: \$ _____ per _____

Are you applying for full time? _____

Will you accept less than full time? _____

What shifts can you work? _____ Shifts not able to work? _____

How were you referred to Wesley Homes? _____

Do you have any family members working at Wesley Homes? _____ What is their relationship? _____

Have you been employed by Wesley Homes in the past? _____ If so, when? _____

Have you applied at Wesley Homes in the past? _____ If so, when? _____

3. Do you have any responsibilities, obligations or other problems (such as transportation) that would interfere with your attendance and/or the requirements of the position being applied for: _____

WESLEY HOMES PROMOTES AN ALCOHOL AND DRUG FREE WORKPLACE

NAME: _____
LAST _____
FIRST _____
MI _____
DATE ____/____/____

4. Have you ever been convicted of a crime or been imprisoned in the past ten (10) years? _____
If so, please give details of the crime _____

(A conviction record will not necessarily bar you from employment)

★★ 5. **Have you ever been convicted of a child or adult sexual abuse or any other crime involving physical harm, or financial abuse, to another person of any age?** _____

6. If question #5 is answered "yes", please give details of crime: _____

★★ 7. **I understand that question #5 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. I understand that I will also undergo a multi-state criminal background check by a separate agency. Yes No**

8. Are you bondable? _____ If no, explain _____

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

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

1. _____
2. _____
3. _____
4. _____
5. _____

11. Are you employed at the present? _____ Where? _____

12. If unemployed, why, and how long have you been unemployed? _____

EDUCATION

13. Highest grade completed? _____ Graduate? _____

14. Name of High School? _____ Address _____

Name of College? _____ Your Degree? _____ In what field? _____

Trade/Vocational School? _____ Address _____

...was official certificate earned from trade school listed above? _____

U.S. Military service special training: list dates, and branch of service _____

Are you presently a member of a U.S. Military Reserve or the National Guard? _____

Are you a Vietnam veteran? _____

Other significant educational information? _____

15. Do you hold a license, certificate, or degree in a particular skill? (Explain) _____

★★ 16. **PROVIDE THE NUMBER OF YOUR LATEST RN, LPN, CNA/NAC, NAR LICENSE, WITH ITS EXPIRATION DATE. FAILURE TO PROVIDE LICENSE NUMBER DELAYS THE PROCESSING OF YOUR APPLICATION.**

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

★★ 17. **Have you ever had your license revoked or suspended? Yes No** (A revoked license will not necessarily bar you from employment.) When and why? _____

18. List special skills and/or machines and equipment you are qualified to operate. _____

19. **PAST EXPERIENCE. IMPORTANT:** List positions you have held **“beginning with the most recent first”**, **and then 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.

EMPLOYER: _____

Address of Employer: _____

City _____ State _____ Zip _____ Telephone & Area Code (_____)

Name, title of your supervisor: _____

Date of Employment: From _____ to _____

(Month) (Year) (Month) (Year)

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____

Exact title of your job: _____

Exact description of your job responsibilities: _____

Exact reason for leaving the job: _____

EMPLOYER: _____

Address of Employer: _____

City _____ State _____ Zip _____ Telephone & Area Code (_____)

Name, title of your supervisor: _____

Date of Employment: From _____ to _____

(Month) (Year) (Month) (Year)

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____

Exact title of your job: _____

Exact description of your job responsibilities: _____

Exact reason for leaving the job: _____

EMPLOYER: _____

Address of Employer: _____

City _____ State _____ Zip _____ Telephone & Area Code (_____)

Name, title of your supervisor: _____

Date of Employment: From _____ to _____

(Month) (Year) (Month) (Year)

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____

Exact title of your job: _____

Exact description of your job responsibilities: _____

Exact reason for leaving the job: _____

EMPLOYER: _____

Address of Employer: _____

City _____ State _____ Zip _____ Telephone & Area Code (_____)

Name, title of your supervisor: _____

Date of Employment: From _____ to _____

(Month) (Year) (Month) (Year)

Starting Pay: \$ _____ per _____ Final Pay: \$ _____ per _____

Exact title of your job: _____

Exact description of your job responsibilities: _____

Exact reason for leaving the job: _____

20. List three personal references, at least two being professional references such as minister, school counselor, principal, banker, attorney, etc. (Not including relatives)

Name	Profession	Address	City	State/Zip	Area Code & Tel.#
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____

21. In consideration of my employment, I agree to conform to the rules, regulations and directions issued by Wesley Homes. If employed, I understand that my employment with Wesley Homes will not be pursuant to a contract of employment, and that my employment can be terminated at will, with or without cause and with or without notice, at any time at the option of Wesley Homes or myself. I understand that no representatives or officers of Wesley Homes other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

22. I certify that the information contained in this application, or my resume and/or supplemental documentation, in its entirety herein is true to the best of my knowledge. I understand it is subject to verification and I give my permission to Wesley Homes to inquire of any of the above named former employers, personal references, or any other information contained in this application. I understand that any untrue statements, or misrepresentations, or incorrect statements made by me in this application will be grounds for termination of my employment with Wesley Homes.

★★ My signature attests to my understanding of, and agreement to all statements contained in items 21, and 22.

_____ Date _____ Signature of Applicant

FOR WESLEY HOMES USE ONLY

Washington State DOH License Verification (360.236.4703, option 6) RN LPN NAC NAR NA

Verification Date: ____/____/____ Status: _____ (Circle One)

Expires On: ____/____/____ First Issued On: ____/____/____

Renewed On: ____/____/____ Open Complaints: _____ Closed Complaints: _____

(https://fortress.wa.gov/doh/hpqaal/Application/Credential_Search/profile.asp)

Washington State DSHS-OBRA License Verification For NAC's (Fax 360.493.2581 or 360.438.7903)

Status: _____ As of: ____/____/____ Expiration Date: ____/____/____

TELEPHONE MESSAGES/CONTACT AND MEMORANDUM LISTING:

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

Starting Wage \$ _____ FT PTA PTB PTC RC GS PS (circle one)

Gardens Terrace WHHC WHCHS Lea Hill (circle one)

Date of 1st Interview/Initials: ____/____/____ Date of 2nd Interview/Initials: ____/____/____

Date of Offer: ____/____/____ Start Date: ____/____/____ DFW Test Date: ____/____/____ Results: ____/____/____

TB Test Date: ____/____/____ Orientation Date: ____/____/____ + -

WA Background Authorization Sent: ____/____/____ WH Background Check Sent: ____/____/____

(Revised Date: 2/08)