



Lewis-Mason-Thurston Area Agency on Aging

4419 Harrison Ave NW
Olympia, WA 98502-2359

Area Agency on Aging

Phone: (360) 664-2168 • Fax: (360) 664-0791 • www.lmtaaa.org

EMPLOYMENT APPLICATION

1. **Position Applied For:** _____

2. **How did you hear about this position:** CareerBuilder Word-of-mouth
 Agency website Newspaper
 Other _____

3. **Full Name (first, middle, last):** _____

4. **Home/Mailing Address:** _____
Address Apt # City State Zip code

5. **Telephone Number:** () - () -
Home Phone Message/Cell Phone

6. Background Information

A conviction is not an automatic bar to employment. Each case is considered separately.

6a. Have you been convicted of, or do you have charges pending for any crime? (required) No Yes If yes, give the crime, state where it occurred, and the conviction date or charge status. Attach additional pages if needed.

Crime: _____ State: _____ Conviction date: _____ Pending charge Yes No
Crime: _____ State: _____ Conviction date: _____ Pending charge Yes No

6b. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child, juvenile, or adult? If yes, explain.

No Yes _____

6c. Have you ever had a contract and/or license to care for children, juveniles, or adults denied, terminated, revoked, relinquished, or suspended? If yes, explain.

No Yes _____

6d. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? If yes, explain.

No Yes _____

6e. Have you ever had a professional license or certification denied, terminated, suspended or revoked? If yes, explain.

No Yes _____

7. Work Skills

7a. Write the number of years of experience in the space next to each skill.

_____ Spreadsheet _____ Word Processing _____ Database
_____ Personal Computer _____ 10-Key Calculator _____ Typing Speed (WPM)

11. Dates of Employment

List the most recent employer first. Attach additional pages if necessary.

Job Title:	From: / /	To: / /
Your duties:		
Number of Employees Supervised:		
Monthly Salary:	Hours Worked per Week:	
Employer:	Employer's Address:	
Supervisor Name:	Supervisor Telephone: () -	
Reason for Leaving:		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Title:	From: / /	To: / /
Your duties:		
Number of Employees Supervised:		
Monthly Salary:	Hours Worked per Week:	
Employer:	Employer's Address:	
Supervisor Name:	Supervisor Telephone: () -	
Reason for Leaving:		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Title:	From: / /	To: / /
Your duties:		
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Employer:	Employer's Address:	
Supervisor Name:	Supervisor Telephone: () -	
Reason for Leaving:		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Job Title:	From: / /	To: / /
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Employer:	Employer's Address:	
Supervisor Name:	Supervisor Telephone: () -	
Reason for Leaving:		
May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Federal law requires anyone employed by the Lewis-Mason-Thurston Area Agency on Aging to present proof of identity and proof of authorization to work in the United States. Most employees use a social security card and a driver's license.

The Lewis-Mason-Thurston Area Agency on Aging is an equal employment opportunity employer and is committed to working with its employees to reasonably accommodate them with the physical aspects of a position. Qualified applicants are considered for employment without regard to: race, creed, religion, color, age, sex, national origin, marital status, sexual orientation, or the presence of any sensory, mental, or physical handicap.

I hereby certify that all information on this application is true. I understand that erroneous information on this application may result in the removal of my name for consideration for employment or may result in termination of employment. I understand that this information is subject to verification; and I release the Lewis-Mason-Thurston Area Agency on Aging, former employers, and education institutions from liability related to any information provided.

Signature

Date

<p>AN INCOMPLETE APPLICATION MAY DELAY ACTION OR DISQUALIFY YOU</p>
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