



PO Box 870, 203 West Reynolds Avenue  
Centralia WA 98531-0870 (360) 736-9558

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Hello,

Thank you for your interest in Reliable Enterprises and our Visitation Program. Reliable Enterprises is a Centralia based social service non-profit founded in 1977 by a group of local citizens concerned about the welfare of adults with disabilities. Throughout the 40 year history of the organization we have grown from working in a garage providing socialization skills to individuals to now cultivating numerous unique programs throughout the Puget Sound area. Reliable Enterprises operates a diverse programming set including employment services, affordable housing, family reunification services, and support services for adults, children, and families with development disabilities.

From meager beginnings with 18 specialists serving 75 families in January of 2016, to 100 specialists serving over 450 families today, Reliable Enterprises Visitation Program serves 9 counties including Pierce, Thurston, Mason, Grays Harbor, Pacific, Lewis, Cowlitz, Clark, and Skamania. The primary goal will always be, helping families reconnect and provide a culturally sensitive environment for reunification of parents with their children.

If you are interested in becoming a Visitation Specialist please send us the following information.

- Completed application
- Resume
- Two letters of recommendation

Submit all applications, resume, and letters of recommendation to **BOTH**:

- Debi Hood, [dhood@reliableenterprises.org](mailto:dhood@reliableenterprises.org)
  - 360-736-9558 ext 103
- Steve Koreis-Macleod, [skoreismacleod@reliableenterprises.org](mailto:skoreismacleod@reliableenterprises.org).
  - 360-736-9558 ext 129

Thank you very much for your interest and we look forward to working with you!

-Reliable Enterprises Staff and Board.



Visit our WEB site at [www.reliableenterprises.org](http://www.reliableenterprises.org)

**SUB-CONTRACTOR APPLICATION**  
**RELIABLE ENTERPRISES**  
*Connecting Families Visitation*

**PLEASE READ CAREFULLY:**

This application form is for general usage and the applicant should not answer any question(s) which he/she feels may violate federal, state, and/or local laws or which he/she feels in not related to the position applied to.

**AN EQUAL EMPLOYMENT CONTRACTOR**

The continuing success of our company is due in large part to our reputation for reliability and trustworthiness. Because our sub-contractors work with vulnerable populace, it is essential that we contract only those with an excellent record and the upstanding character. Please answer each item accurately and completely. Failure to do so may result in you not being considered as a sub-contractor, or in termination at any time after you enter into a contract if we find this application was not filled out completely and honestly.

All eligible sub-contractors must be able to pass a port-offer, pre-contract drug test, including marijuana.

In addition, since this position requires that you operate a vehicle, you must agree to participate in a program of testing for the use of drugs and of your driving record.

“Upon Conditional Offer of Contract, I give permission for a drug screening test, and for any such recurring tests as may be requested by the company at any time.”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

“Upon Conditional Offer of Contract, I authorize the company to request a report from a Background Investigation Agency regarding my social security number, motor vehicle operation history, criminal history, and other information to the extent permitted by law from appropriate local, state, and federal agencies and other available public records.”

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT:**

**Date of Application:**

**Position(s) Applied for:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Type of Sub-Contract Work you are seeking:  Full-Time  Part-Time

Date Available: \_\_\_\_\_

Are you on lay-off or subject to recall?  Yes  No

Are you under 18 years of age, can you furnish a permit to work?  Yes  No

Have you filed an application with Reliable Enterprises in the past?  Yes  No

Date(s): \_\_\_\_\_

Are you employed at this time?  Yes  No

Are you prevented from lawfully becoming a sub-contractor in this country?  Yes  No  
 (Proof of citizenship or immigration status will be required upon entering into a contract.)

Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked or suspended?  
 Yes  No

Present number of consecutive years lived in Washington State:      Years: \_\_\_\_\_      Months: \_\_\_\_\_

With or without accommodation, are you able to perform the essential functions of this position?  Yes  No

Education	Name of Institution	Course of Study	Graduate	Diploma or Degree
High School			<input type="radio"/> Yes <input type="radio"/> No	
College or University			<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify):			<input type="radio"/> Yes <input type="radio"/> No	

**Describe Specialized Training, Apprenticeship(s), Experience with Diverse Populations, Languages Spoken, and Additional Skills below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICE HELD.** You may exclude memberships that reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is any information relative to change of name, use of an assumed name, or nickname, necessary to enable a check of your records?  Yes  No

**If Yes, Please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Person to Call in an Emergency:** \_\_\_\_\_

Phone #: \_\_\_\_\_      Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_

**Friends or Relatives Employed by Reliable Enterprises:**

\_\_\_\_\_

**RCW 74.15** requires that persons residing in Washington less than three (3) years who wish to provide services or who have unsupervised access to children, expectant mothers, or persons with developmental disabilities must submit fingerprint cards to DDD for State Patrol and FBI criminal history checks. Have you lived in the state of Washington for the last three (3) or more years?  Yes  No

## EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names, which indicate race, color, religion, gender, national origin, disability, or other protected status. You must account for all periods of unemployment.

1	Name & Address of Company	From		To	
		<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>
		<i>Phone Number</i>		<i>Wage Range</i>	
				<i>Begin</i>	<i>End</i>
	Position Title:	<i>Supervisor:</i>			
	Brief Description of Your Duties:				
	Reason for Leaving:				
2	Name & Address of Company	From		To	
		<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>
		<i>Phone Number</i>		<i>Wage Range</i>	
				<i>Begin</i>	<i>End</i>
	Position Title:	<i>Supervisor:</i>			
	Brief Description of Your Duties:				
	Reason for Leaving:				
3	Name & Address of Company	From		To	
		<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>
		<i>Phone Number</i>		<i>Wage Range</i>	
				<i>Begin</i>	<i>End</i>
	Position Title:	<i>Supervisor:</i>			
	Brief Description of Your Duties:				
	Reason for Leaving:				
4	Name & Address of Company	From		To	
		<i>Month</i>	<i>Year</i>	<i>Month</i>	<i>Year</i>
		<i>Phone Number</i>		<i>Wage Range</i>	
				<i>Begin</i>	<i>End</i>
	Position Title:	<i>Supervisor:</i>			
	Brief Description of Your Duties:				
	Reason for Leaving:				



## Sub-Contractor Statement

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. By signing below, I authorize Reliable Enterprises Connecting Families Visitation Services to verify with third parties all of the information supplied by me. In the event I enter into a contract, I understand that false or misleading information given in my application or interview(s) may result in discharge.

                       
 May we contact your present employer?                      **Yes**      **No**

I understand that as a sub-contractor of Reliable Enterprises, I am subject to Reliable Enterprises' anti-drug and alcohol policy. I understand Reliable Enterprises strictly prohibits the use of tobacco products, any drugs, including possessing and/or being under the influence/impairment of any substance, drugs, and alcohol, while on Reliable Enterprises premises or conducting work on behalf of Reliable Enterprises. I further understand that Reliable Enterprises has an extensive drug and alcohol-testing program. All sub-contractors are subject to testing under specific circumstances. Testing conditions may include an offer of contract, reasonable suspicion, post-accident, return to work, and follow-up. I understand that failure to submit to any required drug and/or alcohol is willful violation of Reliable Enterprises' program and may result in termination of contract.

I agree that during my contracted service, any debts that I incur to Reliable Enterprises may be withheld from my wages as provided by law. Also, I agree to take any physical examination that Reliable Enterprises may request as a condition to present or future contracted services.

I understand and agree that: I will conform to the rules and regulations of Reliable Enterprises. Reliable Enterprises is an "at will" contractor, my contracted services is not for any specific or stated period of time, and my contract can be terminated at any time, at the option of either Reliable Enterprises or myself.

I understand that my compensation for work with Reliable Enterprises will be through direct deposit into a personal account of my choosing. I understand this to be a condition of employment with Reliable Enterprises and will submit my account information no later than the first day of service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This application will be on file for 12 months from the date signed.  
After 12 months, the applicants must refile for further consideration.**

**RELIABLE ENTERPRISES IS AN EQUAL OPPORTUNITY EMPLOYER**

Applicant are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related condition or disability, or any other legally protected status.

<b>VOLUNTARY INFORMATION</b>		
This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you as Sub-Contractor with our Organization.		
<p style="text-align: center;"><b>Race or Ethnic Group</b></p> <p><input type="radio"/> American Indian/Alaskan</p> <p><input type="radio"/> Asian/Pacific Islander</p> <p><input type="radio"/> African American/Black</p> <p><input type="radio"/> Hispanic/Latino</p> <p><input type="radio"/> White/Caucasian</p> <p><input type="radio"/> Mixed</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Respectfully Decline</p>	<p style="text-align: center;"><b>Gender:</b></p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Transgender</p> <p><input type="radio"/> Respectfully Decline</p>	<p style="text-align: center;"><b>Military Service:</b></p> <p><input type="radio"/> Pre-Vietnam Era</p> <p><input type="radio"/> Vietnam Era</p> <p><input type="radio"/> Post-Vietnam Era</p> <p><input type="radio"/> Disabled Veteran</p> <p><input type="radio"/> Other</p> <p><input type="radio"/> Respectfully Decline</p> <p><input type="radio"/> Not Applicable</p>

**FOR RELIABLE ENTERPRISES' USE ONLY**

Interviewer Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Disposition:

\_\_\_\_\_ Sub-Contractor Qualified and Contract Offered                      Start Date: \_\_\_\_\_  
\_\_\_\_\_ Applicant Qualified; Hold for Future  
\_\_\_\_\_ Applicant not Qualified because:  
    \_\_\_\_\_ Conflict of Interest                      What: \_\_\_\_\_  
    \_\_\_\_\_ Lacks Experience  
    \_\_\_\_\_ Does not Meet Minimum Qualification(s)  
    \_\_\_\_\_ Other (be specific) \_\_\_\_\_  
\_\_\_\_\_

Manager Signature: \_\_\_\_\_                      Date: \_\_\_\_\_