



APPLICATION FOR EMPLOYMENT

Reliable Enterprises

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 law or which he/she feels is not related to the position applied for.

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

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

All eligible employees must be able to pass a post-offer, pre-employment drug test.

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

“Prior to a Conditional Offer of Employment, 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: _____

“Prior to a Conditional Offer of Employment, 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: _____

PLEASE PRINT:

Date of Application: _____ Position(s) Applied for: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-Mail _____

Type of employment you are seeking: Full-Time Part-Time Temporary

Date available: _____

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

If employed and you are under 18, can you furnish a permit to work? Yes No

Have you filed an application at Reliable Enterprises in the past? Dates: _____ Yes No

Have you ever worked for Reliable Enterprises? Dates: _____ Yes No

Are you employed now? Yes No

Are you prevented from lawfully becoming employed in this country? (Proof of citizenship or immigration status will be required upon employment.) Yes No

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 Mons

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

| EDUCATION | School Name | Course of Study | Did you Graduate | List Diploma or Degree |
|-----------------------|-------------|-----------------|---|------------------------|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College or University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other: (Specify) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Describe specialized training, apprenticeship, skills:

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.

Is any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check of your records? 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 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 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 and Address of Company: | From: | To: |
| | | Month: | Month: |
| | | Year: | Year: |
| | | Supervisor: | |
| | Position Title: | Telephone: | |
| | Brief Description of Your Duties: | | |
| | Reason for Leaving: | | |
| 2 | Name and Address of Company: | From: | To: |
| | | Month: | Month: |
| | | Year: | Year: |
| | | Supervisor: | |
| | Position Title: | Telephone: | |
| | Brief Description of Your Duties: | | |
| | Reason for Leaving: | | |
| 3 | Name and Address of Company: | From: | To: |
| | | Month: | Month: |
| | | Year: | Year: |
| | | Supervisor: | |
| | Position Title: | Telephone: | |
| | Brief Description of Your Duties: | | |
| | Reason for Leaving: | | |
| 4 | Name and Address of Company: | From: | To: |
| | | Month: | Month: |
| | | Year: | Year: |
| | | Supervisor: | |
| | Position Title: | Telephone: | |
| | Brief Description of Your Duties: | | |
| | Reason for Leaving: | | |

| Professional References: Please List Three Professional References | | | |
|---|--|---------------------|--|
| Full Name | | Relationship | |
| Company | | Phone Number | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone Number | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone Number | |
| Address | | | |

| Personal References: Please List Three Personal References | | | |
|---|--|---------------------|--|
| Full Name | | Relationship | |
| Years Know | | Phone Number | |
| Address | | | |
| Full Name | | Relationship | |
| Years Know | | Phone Number | |
| Address | | | |
| Full Name | | Relationship | |
| Years Know | | Phone Number | |
| Address | | | |

EMPLOYMENT 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 to verify with third parties all of the information supplied by me. In the event of employment, 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 an employee 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. I further understand that Reliable Enterprises has an extensive drug and alcohol testing program. All employees are subject to testing under specific circumstances. Testing conditions may include an offer of employment, reasonable suspicion, post-accident, return to work, and follow-up. I understand that failure to submit to any required drug and/or alcohol testing is a willful violation of Reliable Enterprises' program and may result in termination.

I agree that during my employment, 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 employment.

I understand and agree that: I will conform to the rules and regulations of Reliable Enterprises, Reliable Enterprises is an "at will" employer, my employment is not for any specific or stated period of time, and my employment 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 employment with Reliable Enterprises.

Signature _____ Date _____

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

RELIABLE ENTERPRISES IS AN EQUAL OPPORTUNITY EMPLOYER.

Applicants 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 medical condition or disability, or any other legally protected status.

For Reliable Enterprises' Use Only

INTERVIEWER COMMENTS: _____

Department Disposition

- _____ Applicant qualified and hired
- _____ Applicant qualified; hold for future
- _____ Applicant not qualified because
 - _____ Needs more/less hours
 - _____ Lacks experience
 - _____ Other (be specific)

Start date: _____

Manager's Signature

Date