

Sequoia In-Home Care Service

A Washington State Licensed Home Care Agency, Locally Owned and Operated

6508 8th Avenue NW Seattle, WA. 98117

Business (206) 783-3001 Fax (206) 784-4901

Employment Application

Name: _____ Date: _____

Address: _____ Phone Number: _____

_____ Email Address: _____

Availability: Full-time (35+ hours weekly) Part-time

List the days of the week and times of day that you are available to work:

How did you hear about Sequoia In-Home Care Service? _____

Do you have your own reliable transportation? Yes No

Do you have a current Washington State driver's license? Yes No

Does your driving record indicate more than three moving violations, more than one chargeable accident in the past 36 months, or any major convictions within the past seven years? Yes No

Do you have automobile liability insurance equal or greater than standards set forth by Washington State law? Yes No

Are you able to lift 40 pounds of weight? Yes No

Do you smoke? Yes No

Provide at least seven continuous years of employment history below. If you were unemployed or in school for any period of time in the past seven years, also include those descriptions and dates. You may substitute a resume' for this section if it provides all the information that we are requesting. If you need more space, please use an additional piece of paper.

Dates: _____ Company: _____ Title: _____

Address: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Duties Performed: _____

Dates: _____ Company: _____ Title: _____

Address: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Duties Performed: _____

Dates: _____ **Company:** _____ **Title:** _____
Address: _____ **Phone:** _____
Supervisor: _____ **Reason for Leaving:** _____
Duties Performed: _____

Dates: _____ **Company:** _____ **Title:** _____
Address: _____ **Phone:** _____
Supervisor: _____ **Reason for Leaving:** _____
Duties Performed: _____

Dates: _____ **Company:** _____ **Title:** _____
Address: _____ **Phone:** _____
Supervisor: _____ **Reason for Leaving:** _____
Duties Performed: _____

Describe your educational background.

Dates	School	Course of Study	Degree or Certification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any of your special training, awards, special recognitions or volunteer experience.

Provide at least three personal references. We may contact these people during the next ten days.

Name	Relationship	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your signature indicates that all the above information is correct to the best of your knowledge.

 Applicant's Signature Date

