



Human Resources • 1716 N. Union Street, Spokane Valley, WA 99206 • (509) 921-5914

FOR OFFICE USE ONLY:
HIRE DATE:
Other:
BG DD P.Care

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: DATE:

How/where did you hear about the position for which you are applying?

Independent Services Corp. is an equal opportunity employer and does not discriminate against any person in recruitment, examination, appointment, training, promotion, retention or any other personnel action, because of political or religious opinions or affiliations or because of race, color, national origin, sex, age, disability, sexual orientation or other non-merit factors.

LAST NAME FIRST NAME MIDDLE NAME Social Security # (Optional)

ADDRESS:

MAILING ADDRESS STREET ADDRESS
CITY STATE ZIP CITY STATE ZIP

PHONE:

HOME CELL MESSAGE

EMERGENCY:

NAME PHONE:
NAME PHONE

Do you speak any foreign languages? Please list here:

- Have you been a State of Washington resident for over 3 consecutive years?
Have you ever worked for Independent Services before?
Are you under 21 years of age?
Can you provide proof of authorization to work in the United States?
Do you smoke?
We have clients who smoke, are you willing to work in a smoking environment?
We have clients who have pets, are you willing to work in an environment with pets present?
We pivot transfer disabled clients, are you able to lift over 50 pounds?
Have you completed the Fundamentals of Care Giving class?
Have you ever been Nurse Delegated?
Have you been fired or asked to resign from any job during the past five years?
How far are you willing to drive, on a daily basis?
Care Providers are required to work every other weekend, are you willing to work on weekends?

EDUCATION:

GED Certificate Number: Date: Place Test Taken:
High School Name: City/State Graduate
College/Trade/Business School Name: City/State Graduate

EMPLOYMENT HISTORY

Begin with your present or most recent employment, and include periods of self-employment and U.S. military service. Attach extra pages to this application in order to list your work experience for the last 10 years.

_____	BUSINESS NAME	_____	SUPERVISOR'S NAME	_____	PHONE	
_____	ADDRESS	_____	JOB TITLE	_____	WAGE RATE	
_____	CITY	_____	STATE	_____	ZIP	
			Employment Dates:	_____	to _____	Hours/Week _____
PRIMARY DUTIES _____						
REASON FOR LEAVING _____						

_____	BUSINESS NAME	_____	SUPERVISOR'S NAME	_____	PHONE	
_____	ADDRESS	_____	JOB TITLE	_____	WAGE RATE	
_____	CITY	_____	STATE	_____	ZIP	
			Employment Dates:	_____	to _____	Hours/Week _____
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_____	ADDRESS	_____	JOB TITLE	_____	WAGE RATE	
_____	CITY	_____	STATE	_____	ZIP	
			Employment Dates:	_____	to _____	Hours/Week _____
PRIMARY DUTIES _____						
REASON FOR LEAVING _____						

REFERENCES: Please list below any people, in addition to supervisors listed previously, who can evaluate your work performance and character. Please do not include any family members. Please supply three (3) names, with current phone number.

NAME		RELATIONSHIP	PHONE

WHAT EXPERIENCE DO YOU HAVE AS A CAREGIVER?

SCHEDULING

HOURS AVAILABLE: All Care Providers are required to work a minimum of 2 to 10 hours every other weekend. You may not be considered for employment if there are no hours of availability written in Saturday and Sunday’s box.

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

How many hours a week do you wish to work? 40 – 32 31 – 25 24 – 20 19 or less

CRIMINAL HISTORY

In the past, have you been convicted of a felony, misdemeanor or a gross misdemeanor? Yes No

If the answer is “Yes”, please ask the Human Resources Manager for the “what will disqualify a person from working with vulnerable adults” list as presented by the Department of Social and Health Services.

Conviction of a crime may not disqualify you from employment unless it would reasonably affect your fitness for the job for which you have applied, or the crime is listed in RCW 43.43.830 through 43.43.845.

DRIVING RECORD: LICENSE NUMBER # _____ Expires: _____ State _____

DO YOU HAVE CURRENT, UNEXPIRED, AUTO INSURANCE? Yes No

Have you had any of the following major traffic citations in the past 7 years? Yes No

- | | | |
|------------------------|---|---|
| DUI | Driving in Possession of Drugs or Alcohol | Eluding a Police Officer |
| Vehicular Manslaughter | Vehicular Homicide | Driving with a suspended or revoked license |
| Reckless driving | Refusal to submit to a blood, urine, or breath test | Driving over 100 mph, speed contest, racing |
| Hit and Run | Vehicular Assault | |

Have you had two (2) or more moving violations, in any State, in the past three (3) years? Yes No

Have you had one (1) or more at-fault accidents, in any State, in the past three (3) years? Yes No

AGREEMENT, CERTIFICATION AND AUTHORIZATION

I hereby certify, under penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal. I authorize my previous employers and all schools or educational and technical institutions which I have attended to furnish Independent Services, Corp. my record, reason for leaving and all information the may have concerning my employment. I hereby release any such current of former employers or institutions, their agents or employees and Independent Services, Corp. from all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application. In the event of employment, I will be required to abide by all Independent Services, Corp. policies, rules and regulations. I understand that this application is not intended to be a contract for employment, and that Independent Services, Corp. reserves the right to make changes in conditions and benefits of employment. I also understand that this application will remain active for only 30 days. If you have not heard from Independent Services, Corp. after 30 days and you still wish to be considered for employment, you will need to fill out and submit a new employment application.

Applicants Signature

Date

I am the assigned supervisor of this Care Provider and will be meeting & working with this Care Provider:

Supervisor

Date

INDEPENDENT SERVICES CORPORATION

JOB DESCRIPTION: CARE PROVIDER

JOB RESPONSIBILITIES The Care Provider provides in-home appropriate care to clients needing supervision and/or assistance with personal care. The Care Provider may also provide assistance with the upkeep of the client's living area, meal preparations and transportation services. Assisting with personal care may include toileting, standing by or full bathing, oral care, dressing, feeding etc. Provide light to heavy transfer assistance if assigned.

Hours: Because Care Providing does not end when the weekend arrives you will be required to work every other weekend. Full time status is 32 or more hours worked per week.

Activity	Continuous	Intermittent	Hours Per Day
Sitting		X	3
Walking / Standing		X	3
Bending / Twisting		X	1
Stooping / Kneeling			Seldom
Hand Grasping		X	1
Pushing / Pulling		X	1
High Reaching - Above Shoulder		X	
Low Reaching - Below Shoulder		X	
Repetitive Movement		X	1
Lifting Requirements:			10 lbs. or less 60% 11-25 lbs. 20% 26-50 lbs. 5% Over 50 lbs. 15%
Driving a Vehicle		X	
Walk on uneven Surfaces X			
Stairs as Needed		X	
Work at Heights			Seldom
Exposure to Noise			Seldom
Exposure to Bloodborne Pathogens		X	

Applicant: Are you able to perform the essential functions of the job for which you have applied? Yes No

If No, please explain: _____

Independent Services Corporation is an Equal Opportunity Employer who doesn't discriminate against race, creed, sexual orientation, gender, age etc. We adhere to all rules and regulations which govern the state of Washington and strive to provide our employees with a harmonious environment in which to work. We have a zero tolerance of harassment in any form by any fellow employee, supervisor, manager or client.

Applicant's Signature: _____ Date: _____