



Coastal Community Action Program
117 E. Third Street * Aberdeen, WA 98520
Office 360/533-5100 Clients 1-800-828-4883
Fax 360/532-6082 Website www.coastalcap.org

APPLICATION FOR EMPLOYMENT
In-Home Care

Date of Application: _____

Name (Last, First, MI): _____

Mailing Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

Have you applied with this agency before? [] Yes [] N If yes, approximate date: _____

How were you referred to us: _____

Are you legally eligible for employment in this country? [] Yes [] No
*Proof of identity and legal authority to work in the U.S. is a condition of employment

Do you have a valid WA State Driver's License? [] Yes [] No

Are you available for job related travel? (Ex. Meetings, trainings, etc.) [] Yes [] No

Have you been convicted of a felony within the last 7 years? [] Yes [] No
If yes, please explain (a conviction will not necessarily disqualify applicant from employment):

Type of Employment Desired: [] Full-time [] Part-time [] Temporary

Desired Salary: \$ _____ Date Available to Start _____

Specialized training or Skills (Computer experience, office machines, Typing/WPM, etc. relevant to the desired position):

SCHOOLS	Name & Address of School or College	Dates		Major studies	Graduation	
		From	To		Degree	Date
High School		Mo: Yr:	Mo: Yr:			Mo: Yr:
College, Trade or Business School	1	Mo: Yr:	Mo: Yr:			Mo: Yr:
	2	Mo: Yr:	Mo: Yr:			Mo: Yr:
	3	Mo: Yr:	Mo: Yr:			Mo: Yr:

Veteran of the U.S. Military Service? Yes No If yes, Branch & Rank: _____

Type of Duty: _____

Please list any specialized training: _____

Activities - List school, civic, volunteer or business activities and office held (you may exclude those which indicate race, color, religion, sex, disability, age or national origin):

Please list any languages with which you are familiar and check all the boxes which best describes your skill level.

Language: _____ Read Write Speak
 Language: _____ Read Write Speak
 Language: _____ Read Write Speak

REFERENCES In the last column, please check whether person listed is a business or personal reference.
By placing references here you are giving permission to call those listed for a reference check.

Name	City & Phone	Occupation	Years Known	Type of Reference
1				<input type="checkbox"/> Business <input type="checkbox"/> Personal
2				<input type="checkbox"/> Business <input type="checkbox"/> Personal
3				<input type="checkbox"/> Business <input type="checkbox"/> Personal

Please list any relatives or acquaintances working for this agency:

Name	Occupation	Relationship

EMPLOYMENT EXPERIENCE Give past employment record as completely as possible starting with your most recent employer. For any unemployed or self-employed periods, show dates and locations. A detailed resume may be submitted *in addition to* the information contained on this page. *Former employers may be contacted.*

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

Employer:	Dates Employed		Phone:
Address:	<i>Mo:</i> <i>Yr:</i>	<i>Mo:</i> <i>Yr:</i>	Work Performed:
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:	\$	\$	

~ Attach additional page(s) if necessary ~

Please Read Carefully and Sign Below

I hereby certify that the facts set forth in this application for employment are true, correct and complete to the best of my knowledge. I understand that if I am employed, falsified statements or omission of facts on this application shall be considered sufficient cause for dismissal. I understand that my employment is contingent upon proof of identity, verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I understand that my employment is contingent upon the checking of references furnished by me.

I understand that this application does not create a contract for employment. I understand and agree that, if hired, my employment is for no definite period of time. I understand also, that I am required to abide by all rules and regulations of the Coastal Community Action Program.

I understand and agree with the statements made pertaining to this application. I agree that a photocopy or facsimile of this authorization shall be valid as the original.

Applicant's Signature

Date

***Coastal Community Action Program is an
Affirmative Action and Equal Opportunity Employer.***

CCAP is committed to providing services that are free of all forms of discrimination including any act or omission of an act which would prevent the use of or exclude a person from access to transportation or services based on (but not limited to) race, sex, disability, or religion.



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REFERENCE AUTHORIZATION

To Whom It May Concern;

I, _____, authorize the Coastal Community Action Program (CCAP) to contact any/all of my former or present employers for the purpose of verification and reference.

I knowingly and voluntarily release the Coastal Community Action Program (CCAP), its individual employees, and all my former or present employers and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the agency's request for an receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the agency requests.

Printed Name

Applicant's Signature

Date

NOTE: A photocopy of this information shall be as valid as the original

AFFIRMATIVE ACTION SURVEY

Name: _____

Address: _____

Are you: Management Support Staff

To calculate required yearly statistical information for our Affirmative Action Program, we would appreciate your assistance by voluntarily providing the following information. This information will not be used to evaluate your position and will be kept confidential.

Gender: Male Female

Birthdate: _____

Ethnicity: African American
 Caucasian
 Hispanic
 Native American/Alaskan Native
 Asian
 Other

Were you on any form of public assistance at the time of hire, or within 90 days of your hire? Yes No

Do you have any physical, sensory or mental impairment which substantially limits one or more months and which limits the kind or amount of work you can do at a job? Yes No

Please indicate below impairment/condition(s):

- Visual Impairment
- Development
- Hearing Impairment
- Physical Disability
- Other: _____

WORK SCHEDULE AGREEMENT

1. I can work on the following days: *(please mark the days you are available to work)*

SUN MON TUE WED THU FRI SAT

2. I can work the following hours: *(please mark the time periods you are available to work)*

6 am – 2 pm 2 pm – 10 pm 10 pm – 6 am

3. I would like to work:

½ time *(80 hours or less per month)*

¾ time *(81 to 120 hours per month)*

Full-time *(121 hours or more per month)*

4. I can work in the following areas: *(please check all areas you are able to work in)*

Aberdeen Hoquiam Montesano Elma McCleary

Westport Raymond Long Beach Oakville Ocean Shores & vicinity

Quinault

Printed Name

Applicant's Signature

Date

Self Assessment

How Compatible Are You to In Home Care?

Instructions: Complete the questions below, marking "Not True", "Neutral", or "True". When all answers are complete, total the number of "Not True", "Neutral", or "True" responses. Use the key at the bottom of the page to check your results.

	Mostly True	Neutral	Not True
I enjoy working with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen more than I talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rarely need help following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy meeting new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to try new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather work with people than machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a good problem-solver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I respect that others may have a different opinions than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If my supervisor wants something done a certain way, I can comprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to work the day shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's not important to me that other people do things my way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with bathing another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no problem helping to dress another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When others are angry, I can usually understand what upsets them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I prefer to be around lots of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Write total number of responses for each column here: _____

Now check your scores against the key below

	Mostly True	Not True
8 or higher	You are ideally suited to in home care. You communicate well with others, and respect and value differences. You are comfortable with the intimate nature of caregiving.	7 or lower
7 or lower	You are capable of performing in home care, but may prefer other professions.	8 or higher

Completing Online Background Application Form

To complete the background, click or copy and paste the link below:

<https://fortress.wa.gov/dshs/bcs/>

***Note:** If you are having issues with the form or loading the form to complete, please try using Google Chrome as your web browser to complete the form.

On this website you will see the box below that is highlighted in blue:

Start Filling in the Form

Please be sure to do the following:

- You will need to know that you are entering your personal information and it needs to be filled out completely and accurately.
- This process will take about 15 minutes and you will need your driver's license and social security number.
- If you have a criminal history, you will need your court documents to provide the appropriate dates and charge information.
- Once you have completed the form, please click on "Review your Application" and then be sure all the information looks correct to the best of your knowledge.
- Then click the "I am the person named above" box and proceed to electronic Signature. Click "I Agree", type your name and then save.
- Once your Online Application Form is successfully saved, you will

- Receive a confirmation number.
- Have the ability to print and/or save the document containing your information if you so choose to.
- Have an opportunity to email your name and confirmation number to Coastal Community Action Program. **This information needs to be emailed to suzettet@coastalcap.org and/or also texted to your interviewer so we can access your background check completed for submittal.**
- Then please click the blue highlighted "Print and Save" button.

Once you have completed this process In-home Care Coordinator/Supervisor will then submit your background check and inform you what the next step will be in the hiring process.

Any questions please feel free to contact

Suzette Tamlin

In-Home Care Coordinator

360-500-4545 suzettet@coastalcap.org