



EMPLOYMENT APPLICATION

Yakima Worker Care

409 S 12th Ave
Yakima WA 98908
Phone 509-575-2949
Fax 509-575-5743

Sunnyside Worker Care

1614 E Edison, Suite E
Sunnyside WA 98944
Phone 509-836-0075
Fax 509-836-0077

Pasco Worker Care

1500 W Court St
Pasco WA 99301
Phone 509-543-7717
Fax 509-543-7721

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____
Languages Spoken: Read Write Level of proficiency: Low Moderate High
(List primary first) Read Write Level of proficiency: Low Moderate High
Read Write Level of proficiency: Low Moderate High

Education

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____
College: Address: _____
From: To: Did you graduate? YES NO Degree: _____
Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge..

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____