



# Lewis-Mason-Thurston Area Agency on Aging

2404 Heritage Court SW, Suite A  
Olympia, WA 98502

Area Agency on Aging

Phone: (360) 664-2168 • Fax: (360) 664-0791 • www.LMTAAA.org

## EMPLOYMENT APPLICATION

1. **Position Applied For:** \_\_\_\_\_

2. **How did you hear about this position:**  CareerBuilder  Word-of-mouth  
 Agency website  Newspaper  
 Other \_\_\_\_\_

3. **Full Name (first, middle, last):** \_\_\_\_\_

4. **Home/Mailing Address:** \_\_\_\_\_  
Address Apt # City State Zip code

5. **Telephone Number:** ( ) - ( ) -  
Home Phone Message/Cell Phone

### 6. Background Information

A conviction is not an automatic bar to employment. Each case is considered separately.

6a. Have you been convicted of, or do you have charges pending for any crime? (required)  No  Yes If yes, give the crime, state where it occurred, and the conviction date or charge status. Attach additional pages if needed.

Crime: \_\_\_\_\_ State: \_\_\_\_\_ Conviction date: \_\_\_\_\_ Pending charge  Yes  No  
Crime: \_\_\_\_\_ State: \_\_\_\_\_ Conviction date: \_\_\_\_\_ Pending charge  Yes  No

6b. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child, juvenile, or adult? If yes, explain.

No  Yes \_\_\_\_\_

6c. Have you ever had a contract and/or license to care for children, juveniles, or adults denied, terminated, revoked, relinquished, or suspended? If yes, explain.

No  Yes \_\_\_\_\_

6d. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? If yes, explain.

No  Yes \_\_\_\_\_

6e. Have you ever had a professional license or certification denied, terminated, suspended or revoked? If yes, explain.

No  Yes \_\_\_\_\_

### 7. Work Skills

7a. Write the number of years of experience in the space next to each skill.

\_\_\_\_\_ Spreadsheet \_\_\_\_\_ Word Processing \_\_\_\_\_ Database  
\_\_\_\_\_ Personal Computer \_\_\_\_\_ 10-Key Calculator \_\_\_\_\_ Typing Speed (WPM)

**7b.** Do you have experience using Microsoft Office Suite?  Yes  No  
Describe your computer skills and experience.

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**7c.** Describe your equipment skills related to this position.

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**7d.** List any foreign language skills.

Language(s): \_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_  
\_\_\_\_\_ Speak \_\_\_\_\_ Write \_\_\_\_\_

**8. Transportation**

Do you possess a valid driver's license? .....  Yes  No

Do you currently have auto insurance coverage in at least the minimum amount required by the State of Washington? .....  Yes  No

**9. Education and Training Summary**

**9a.** High School graduate or G.E.D. test passed? .....  Yes  No

**9b.** List degrees earned and dates received:

*School* *Degree and Subject Area* *Date*

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**9c.** Provide information on additional education. List colleges, vocational and/or technical schools, and training centers attended, with areas of study.

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**10. Licenses and Certificates**

List professional or trade licenses.

*Description* *Issued By* *Expiration Date*

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**11. Dates of Employment**

List the most recent employer first. Attach additional pages if necessary.

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|--|-----------------------------|---------|
| <b>Job Title:</b>  | From: / /                   | To: / / |
| Your duties:   |                             |         |
| Number of Employees Supervised:  |                             |         |
| Monthly Salary:  | Hours Worked per Week:      |         |
| Employer:  | Employer's Address:         |         |
| Supervisor Name:   | Supervisor Telephone: ( ) - |         |
| Reason for Leaving:  |                             |         |
| May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |         |

|  |                             |         |
|--|-----------------------------|---------|
| <b>Job Title:</b>  | From: / /                   | To: / / |
| Your duties:   |                             |         |
| Number of Employees Supervised:  |                             |         |
| Monthly Salary:  | Hours Worked per Week:      |         |
| Employer:  | Employer's Address:         |         |
| Supervisor Name:   | Supervisor Telephone: ( ) - |         |
| Reason for Leaving:  |                             |         |
| May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |         |

|  |                             |         |
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| <b>Job Title:</b>  | From: / /                   | To: / / |
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| Supervisor Name:   | Supervisor Telephone: ( ) - |         |
| Reason for Leaving:  |                             |         |
| May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |         |

|  |                             |         |
|--|-----------------------------|---------|
| <b>Job Title:</b>  | From: / /                   | To: / / |
| Your duties:   |                             |         |
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| Monthly Salary:  | Hours Worked per Week:      |         |
| Employer:  | Employer's Address:         |         |
| Supervisor Name:   | Supervisor Telephone: ( ) - |         |
| Reason for Leaving:  |                             |         |
| May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |         |

Federal law requires anyone employed by the Lewis-Mason-Thurston Area Agency on Aging to present proof of identity and proof of authorization to work in the United States. Most employees use a social security card and a driver's license.

The Lewis-Mason-Thurston Area Agency on Aging is an equal employment opportunity employer and is committed to working with its employees to reasonably accommodate them with the physical aspects of a position. Qualified applicants are considered for employment without regard to: race, creed, religion, color, age, sex, national origin, marital status, sexual orientation, or the presence of any sensory, mental, or physical handicap.

I hereby certify that all information on this application is true. I understand that erroneous information on this application may result in the removal of my name for consideration for employment or may result in termination of employment. I understand that this information is subject to verification; and I release the Lewis-Mason-Thurston Area Agency on Aging, former employers, and education institutions from liability related to any information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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| <p><b>AN INCOMPLETE APPLICATION<br/>MAY DELAY ACTION OR DISQUALIFY YOU</b></p> |
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