



# Tri-Cities Residential Services

741 S. Dayton, Suite A  
 Kennewick, WA 99336  
 Office: (509) 783-3331  
 Fax: (509) 783-3091  
 www.tcrs1978.com

## Employment Application

Thank you for your time and interest! We will be contacting you soon! TCRS would appreciate if you could indicate the source of your knowledge of our company; it helps us to determine which practices are most effective for communicating our open positions. You may indicate one or more sources;

Indeed  Facebook  Instagram  Twitter  Work Source  Walk-In  Other  \_\_\_\_\_

Employee Referral  Name of Employee(s): \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Second Phone: \_\_\_\_\_ Best time to call? : \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you legally authorized to work in the U.S.? YES  NO

Have you ever worked for TCRS? YES  NO  If yes, please provide dates: \_\_\_\_\_

Have you ever applied at TCRS? YES  NO  If yes, when? \_\_\_\_\_

Are you related to someone who currently works for TCRS? YES  NO  If yes, who? \_\_\_\_\_

*Section left blank for office use*

## Minimum Qualifications

Are you 18 years of age or older? (required for TCRS employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Driver's License? (required for TCRS employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a vehicle to drive to and from work, and are willing to transport clients in that meets legal safety requirements? (required for TCRS employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to pass and willing to submit to a DSHS background check? (DSP job description requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have current vehicle insurance, or are you listed as being eligible for coverage on a current auto insurance policy? (required for TCRS employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to walk or stand for several hours, if necessary, and occasionally exert and/or lift up to 50 pounds of force with or without a reasonable accommodation? (DSP job description requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform basic math functions, read and prepare documentation legibly with correct grammar, spelling and punctuation, speak and read the English language? (DSP job description requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to interpret written and verbal instructions and deal with variables? (DSP job description requirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work well with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you self-motivated and able to work independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What has been your experience with individuals with Disabilities? *(Experience is not required for consideration of employment)*

Is there anything that would make you uncomfortable working with clients who have heavy personal care needs *(Bathing, Toileting, Feeding, etc.)* or challenging behaviors?

**Schedule- Help us determine your best fit**

What is your preferred work schedule?	Days <input type="checkbox"/>	Swing <input type="checkbox"/>	Graveyard <input type="checkbox"/>
What Job Status are you seeking?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Relief <input type="checkbox"/>
Can you work evenings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can you work weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can you work Overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Education**

High School: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you receive a Diploma/GED?      YES      NO  
     

College: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate?      YES      NO      Degree: \_\_\_\_\_      Can you provide Certificate?      Yes      No  
                           

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

Did you graduate?      YES      NO      Degree: \_\_\_\_\_      Can you provide Certificate?      Yes      No  
                           

**References- At least 2 (provide current contact info, please)**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Ending Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Ending Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Job Title: \_\_\_\_\_ Ending Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

*You may attach additional pages or include a resume detailing any additional experience or work history.*

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

## Disclaimer and Signature

*I expressly authorize, without reservation, Tri-Cities Residential Services, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Tri-Cities Residential Services is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in written and signed by Tri-Cities Residential Services' Executive Director. I also understand that if I am offered a position, I will be required to pass a criminal background check and provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions, new or changes in processes developed during my employment, are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company. I certify that all information I have provided in order to apply for and secure work with Tri-Cities Residential Services is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.*

*Privacy Policy Statement Any information collected from employment application selection will be solely used to formulate employment candidacy in relation to the set requirements for employment. All personal data that may identify you will be used for the purpose of identification. All information received will be controlled by a TCRS recruiting representative and kept private and confidential at all times. TCRS does not participate in third party personal information sharing, unless a written signature application for criminal background information is submitted in person. TCRS will safeguard your information within its own database. Should your application not meet employment criteria it will be confidentially stored for a minimum of 365 days of application date as an inactive application. Any application that does meet employment criteria will be stored for a minimum of 365 days, and applicant screening will be commenced. If no further employment activity occurs to applications that have met employment criteria, the application becomes inactive and will be moved to a confidential store site for a minimum of 365 days of application date. If at any time an applicant wishes their application to be removed within the 365 day storage time, contact to a TCRS representative with a request for removal must be made and the application will be destroyed according to agency document removal practices. Any other information regarding the privacy of your personal information can be obtained by contacting a representative of TCRS at (509) 783-3331.*

*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: \_\_\_\_\_