

We Create Opportunities for People  
with Developmental Disabilities

320 E. Second Ave.  
Spokane, WA 99202  
Office: (509) 328-6326  
Fax: (509) 328-6342  
www.arc-spokane.org

# EMPLOYMENT APPLICATION



The Arc of Spokane is an Equal Opportunity Employer. Race, color, religion, age, gender, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions, provided the sensory, mental or physical disability, does not prevent the job's specific performance.

Date: \_\_\_\_\_ Position(s) : \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Message #: ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have a valid driver's license?  YES  NO  
State/License #: \_\_\_\_\_

Have you ever applied to, or worked for The Arc of Spokane?  YES  NO  
If yes, when? \_\_\_\_\_

Do you have any friends/relatives working for The Arc of Spokane?  YES  NO  
If yes, state name and relationship: \_\_\_\_\_

How did you hear about us/this opening?  
 Spokesman Review  Family/Friend  Other \_\_\_\_\_

## Availability

Full-time  Part-time (# of hours/week: \_\_\_\_\_)  
 Temporary  Fill-In/On-Call

## RESIDENTIAL POSITIONS ONLY

Days or shifts you choose may not be available. Your **flexibility** increases your hiring opportunities.

Day(s) you are available:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Shift(s) you are willing to work:  Day Shift (6am-2pm)  Swing Shift (2pm-10pm)  Night Shift (10pm-6am)

If hired, what date would you be available to start work? \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO  
(Excluding any sealed or expunged convictions)

If yes, please explain: \_\_\_\_\_

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**ALL EMPLOYEES ARE REQUIRED TO PASS BACKGROUND CHECK.  
PLEASE SEE LIST FOR DISQUALIFYING CRIMES.**

## APPLICANT INFORMATION

State briefly why you would like to work for The Arc of Spokane:

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Hourly rate of pay or monthly salary desired: \_\_\_\_\_

### General Education and Experience Information

<b><u>Education and Training</u></b>					
<u>School</u>	<u>Name of School</u>	<u>Location</u> (City, State)	<u>Degree</u>	<u>Did you graduate?</u> Y/N	<u>Dates Attended</u>
High School					XXXXX X
Comm. College					
Trade School					
College/University					
Other					

### Special Skills

Please describe any experience, training, qualifications or skills which you feel make you especially suited for work at The Arc of Spokane?

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Licenses (list states): \_\_\_\_\_

### Computer Skills

	<b><u>Months/Years of Training</u></b>	<b><u>Month/Years of Experience</u></b>
<b><u>Hardware:</u></b>		
<b><u>Software:</u></b>		

## Employment History

**List all previous employers starting with your present or most recent position below.**

Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Position Held: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize The Arc of Spokane to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release The Arc of Spokane, my current and former employers, and all other persons, education institutions, law enforcement organizations, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

By signing this application, I voluntarily agree if requested to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and The Arc of Spokane. In addition, I understand and agree that if I am employed, my employment relationship with The Arc of Spokane is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or The Arc of Spokane.

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either The Arc of Spokane or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or The Arc of Spokane benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Washington driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by The Arc of Spokane auto insurance, if required for my position.

**My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.**

\_\_\_\_\_  
Applicant's Signature Date

**PREPARER AND/OR TRANSLATOR CERTIFICATION** (To be completed and signed if Employment Application is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

\_\_\_\_\_  
Preparer's/Translator's Signature Date

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_