



Lillie Rice Center, Inc.

Administrative Offices · 2616 E. Isaacs Ave · Walla Walla, WA 99362
(509) 525-5433 · Fax (509) 525-5484
www.LillieRiceCenter.org

Application For Employment

Lillie Rice Center, Incorporated is an Equal Opportunity/Affirmative Action Employer. It is the policy of this agency that all opportunities for employment and services will be provided without regard to any person's race, color, national origin, marital status, disabled or Vietnam era veteran status, sex, disability, religion, creed, or age.

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Lillie Rice Center, Incorporada es una Agencia que ofrece Oportunidades Iguales/Accion Afirmative de Empleo. Es la poliza de esta agencia de que todas las oportunidades de trabajo y servicios se ofreceran a todas las personas sin importar su raza, color, nacionalidad, estado civil, desabilitado o veterano de Vietnam, sexo, desabilitado, religion, creencias o edad.

To apply with our agency, you will need to fill out the Application for Employment, Employee Data Record, and Background Check forms.

Personal Information

Last Name		First	MI	Other names known by		Date
Home Address						Home Phone
City, State, Zip						Business Phone
Position Desired						Social Security Number
Email address						
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				When will you be available to work?
Are you Under 18 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," what is your date of birth?		Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," when?
Do you have a current:						
Washington Food Service Worker Permit?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you bi-lingual?		
Blood Borne Pathogens Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tubercular Test?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, besides English, what language(s)?		
First Aid Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cardiopulmonary Resuscitation (CPR) card?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you most interested in:		
Infant CPR card?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No		(check one) <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		

State names of relatives and friends working for us, currently and in the past. Include dates and the positions they hold/held.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If "YES," describe in full.

What special skills and/or training do you have for this position?

Employment History

Please give accurate, complete, full-time, part-time, and volunteer work history. Start with your most recent or present job. You may use another sheet of paper if more space is needed. Do **NOT** put "see resume."

Employer		Telephone Number		From	month / year	
Address		City	State	Zip	To	month / year
Specific Duties _____ _____ _____ _____ _____ _____ _____ _____ _____					Supervisor's Name	
					Beginning Salary:	
					Ending Salary:	
					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving _____ _____						

Employer		Telephone Number		From	month / year	
Address		City	State	Zip	To	month / year
Specific Duties _____ _____ _____ _____ _____ _____ _____ _____					Supervisor's Name	
					Beginning Salary:	
					Ending Salary:	
					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving _____ _____						

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					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					Beginning Salary:	
					Ending Salary:	
					May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Leaving _____						

More copies of this page are available if you need them.

Education

Type of School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/Technical					
High School					
GED					

Conferences / workshops / seminars you have attended related to job duties:

Title of Conference / workshop / seminar	Clock Hours	Date	Trainer or Sponsor

Membership in Professional or Civic Organizations

You may exclude those which disclose your race, color, religion or national origin.

Personal / Professional References

Use references that are not relatives.

Name	Address	Telephone Number	Relationship to you
Name	Address	Telephone Number	Relationship to you
Name	Address	Telephone Number	Relationship to you

I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Your Signature

Date