

# HOLLY RIDGE CENTER

5112 NW Taylor Road Bremerton, WA 98312 Phone # (360) 373-2536/ Fax # (360) 373-4934/ Website www.hollyridge.org  
Application for Employment An Equal Opportunity Employer

**TO APPLICANT:** We sincerely appreciate your interest. A clear understanding of your background and work history will aid us in considering you for the position that best meets your qualifications and our needs. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED (use additional sheets if necessary).

## GENERAL

Current Date (mm/dd/yyyy) \_\_\_\_\_  
Were you formerly a HRC employee?  yes  no  
Social Security # \_\_\_\_\_  
Last HRC termination date \_\_\_\_\_

Name (Last) (First) (Middle Initial) Home Telephone

Address (Number & Street) (City) (State) (Zip) Business/Message Phone/E-Mail Address

- Are you at least 18 years old?  yes  no
- If selected, can you show proof of legal right to work in the United States?  yes  no
- If selected, can you show a certified copy of birth certificate, WA Driver License, Social Security card w/number, or other documentation if needed for the particular job?  yes  no

## POSITION

Position for which you are applying \_\_\_\_\_  
Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

**I HAVE REVIEWED THE JOB DESCRIPTION FOR \_\_\_\_\_ AT HOLLY RIDGE CENTER, OR ON THE WEB SITE.**

**I WILL  WILL NOT  NEED ACCOMMODATIONS TO PERFORM THIS POSITION.**

**APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

## WORK AVAILABILITY

Type (s) of Employment you will accept: Full Time  Part-time (less than 40 hrs/week)  On Call  Temporary

## ADDITIONAL INFORMATION

Resume attached?  yes  no Please list any acquaintances or relatives working for Holly Ridge Center:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Have you, within the last seven (7) years, been convicted of an offense or been released from prison for an offense involving drugs, narcotics, theft or inflicting bodily injury?  yes  no If yes, explain fully \_\_\_\_\_

**NOTE:** A "Yes" answer will not necessarily bar you from employment.

Do you have a vehicle to use on the job (if required by job description)?  yes  no  
Can you show proof of vehicle insurance at time of hire?  yes  no  
Have you had any traffic violations during the past three (3) years?  yes  no

## EDUCATION AND TRAINING

Have you graduated from high school or passed the General Education Development (G.E.D.) test?  yes  no

## COLLEGE, TRADE, BUSINESS OR OTHER SCHOOL ATTENDED

Name and Location	Qtr.	Sem.	Other	Graduated	Degree	Major or Studies Taken
	Hrs.	Hrs.	Hrs.			

Licenses and Certificates you possess \_\_\_\_\_  
Special skills and equipment you can operate \_\_\_\_\_  
Did you serve in the Armed Forces?  yes  no If yes, which branch? \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_ Final rank was \_\_\_\_\_ If selected, can you provide a copy of your **DD 214**?  yes  no

**REFERENCES**

Give the names of three persons to whom you are not related and with whom you have **not** been employed. These people should have known you for at least three (3) years.

Name First and Last	Address Street, City, State	Daytime Phone Number	Occupation	Years Acquainted

**EMPLOYMENT HISTORY  
(Including Military Service)**

**NOTE:** Our practice is to contact previous employers for information as to your previous work experience, job suitability, and/or reasons for leaving. If you are currently employed and wish for us NOT to contact the employer until 1) after mutual interest in the position has been established, and 2) you've had an opportunity to discuss the matter with your employer, please advise us of this situation.

LAST OR PRESENT JOB (last or present position first and work back)

Firm _____	Dept _____	From (mm/dd/yyyy) _____	To (mm/dd/yyyy) _____
Address _____		Hrs. worked per week _____	
Type of Business _____	Title _____	Total time employed _____	
Specific Duties _____		Starting salary _____	
		Ending salary _____	
		Immediate Supervisor Name, _____	
		Title _____	
Reason for Leaving _____		Office phone # _____	
		May we contact? [ ] yes [ ] no	

PREVIOUS JOB

Firm _____	Dept _____	From (mm/dd/yyyy) _____	To (mm/dd/yyyy) _____
Address _____		Hrs. worked per week _____	
Type of Business _____	Title _____	Total time employed _____	
Specific Duties _____		Starting salary _____	
		Ending salary _____	
		Immediate Supervisor Name, _____	
		Title _____	
Reason for Leaving _____		Office phone # _____	
		May we contact?[ ] yes[ ] no	

PREVIOUS JOB

Firm _____	Dept _____	From (mm/dd/yyyy) _____	To (mm/dd/yyyy) _____
Address _____		Hrs. worked per week _____	
Type of Business _____	Title _____	Total time employed _____	
Specific Duties _____		Starting salary _____	
		Ending salary _____	
		Immediate Supervisor Name, _____	
		Title _____	
Reason for Leaving _____		Office phone # _____	
		May we contact?[ ] yes[ ] no	

**VOLUNTEER WORK EXPERIENCE**

If you have skills or experience gained through hobbies, civic, or volunteer work, etc., which you believe are relevant to the position for which you are applying, describe below. Volunteer work will be computed on the basis of 173.3 hours equals one month of experience.

Organization/Name And Address	Date of Service State/End	Average Hrs. Per Mo. Of Svc.	Contact Person/Phone # During Daytime Hours	Duties

**INFORMATION CERTIFICATIONS/AUTHORIZATION TO RELEASE  
INFORMATION/AT WILL AGREEMENT**

I certify the information given in this Application for Employment is true and complete to the best of my knowledge. I authorize Holly Ridge Center to make inquiry of my former employers or references as to my experience, job suitability, and/or reasons for leaving. I understand that if employed, the making of false statements on this Application, omission of information or misrepresentation will be sufficient cause for cancellation of consideration of employment or dismissal from Holly Ridge Center service, if employed. I agree to hold harmless Holly Ridge Center and any company and/or individual(s) for information they may release in regards to this application.

I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States. I also understand Holly Ridge Center is obligated to fulfill requirements of the Child/Adult Information Abuse Act (1987) and my employment may be contingent upon a satisfactory background check through the Washington State Patrol.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature. This means that the Employee may resign at any time and the Employer may discharge Employees at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of Holly Ridge Center.

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Signature of Applicant

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Date Signed

# AFFIRMATIVE ACTION DATA

It is the policy of Holly Ridge Center to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified job applicants and employees without regard to race, creed, color, national origin, sex, age, marital status, physical, mental or sensory disability, or veteran status.

To help us comply with government record keeping, reports, and other legal requirements, please complete the affirmative action data below. Providing this information is **voluntary** and will be kept in a **confidential** file separate from the Application form (Right to Privacy Act 1974).

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Male  Female

40 or Over

**Ethnic Origin:** (select only one please)

Native Hawaiian or other Pacific Islander, not Hispanic or Latino

White or Caucasian  Asians, not Hispanic or Latino

Black or African American  Native American

Hispanic or Latino  Two or more Races, not Hispanic or Latino

Veteran

Disabled

Low Income