



Planned Assistance for Troubled Children  
2404 E. Mill Plain Blvd. Suite A  
Vancouver, WA 98661  
Voice 360.690.8495 Fax 360.690.8498

## PRE-EMPLOYMENT APPLICATION

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner.

### PERSONAL:

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
LAST FIRST MIDDLE AC

Present Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Social Security Number \_\_\_\_\_

What documents will you use to verify employment qualification? Drivers License INS Card SSI Number

Drivers License: State & Number Type Currently Valid? Yes No

Has your license ever been suspended or revoked? Yes No If yes, please explain:

Have you been involved in a traffic accident or been ticketed for a moving violation in the past 3 years? Yes No ?  
If Yes, please explain.

Have you ever, either as an **adult** or a **minor**, been convicted of any crime, including DWI? Yes No  
If yes, state the offense, location, date and disposition

Do you have the ability, with or without reasonable accommodations, to work overtime if overtime is required by the job for which you are applying? Yes No  
If no, please explain

Would you be willing and able to relocate? Yes No

### EMPLOYMENT DESIRED:

Are you seeking full-time part-time temporary or summer employment?

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available to start

Have you ever applied to work in any child care institution before? Yes No

Have you ever worked in a child care institution before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn about Project PATCH?

Are there any days or hours you would be unable or unwilling to work? Yes No If yes, please specify those days or hours you would be unable to work



**EDUCATION:**

Name Address and Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes No	Diploma:
College	From: To:	Yes No	Diploma:
Trade School	From: To:	Yes No	Diploma:

If you did not graduate, why did you leave high school or college?  
 Are you planning to pursue further studies? Yes      No      If so, when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and college

List and describe any other School or Specialized Training:

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**MILITARY:**

Have you ever served in the military? Yes      No  
 Service Branch \_\_\_\_\_ Date Entered \_\_\_\_\_  
 Date Separated \_\_\_\_\_ Final Rank \_\_\_\_\_

**CAPABILITY / RELIABILITY:**

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes      No  
 If not, explain which tasks

Have you filed any type of fraudulent claim against any of your present or past employers? Yes      No  
 If yes, explain

Will you abide by the policies and procedures, safety rules, as well as Department of Health & Welfare rules and regulations? Yes      No

Have you been disciplined for violating employee policies, procedures, state regulations or safety rules? Yes      No

How many days of work (or school) have you missed in the last two years?

How many times have you been late for work (or school) in the last two years?

Have you had any history of drug abuse including use of alcohol and tobacco? Yes      No If yes, please explain:

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes      No  
 If no, please explain



**WORK HISTORY**

**DO NOT REFERENCE YOUR RESUME**

List names of employers in consecutive order which present or last employer listed first.  
 Account for all periods of time including military service and any periods of unemployment.  
 If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEARS**

<b>Name of Employer:</b> <b>Nature of Business:</b> <b>Name &amp; Title of Last Supervisor:</b>	<b>Duties:</b>	<b>From:</b> <b>Mo: Yr:</b>  <b>To:</b> <b>Mo: Yr:</b>
<b>Address</b> _____ <b>City</b> _____ <b>/St</b> _____ <b>/Zip</b> _____ <b>AreaCode:</b> _____ <b>Phone:</b> _____	<b>Reason for Leaving:</b>	<b>Starting Pay:\$</b> _____  <b>Ending Pay:\$</b> _____
<b>Name of Employer:</b> <b>Nature of Business:</b> <b>Name &amp; Title of Last Supervisor:</b>	<b>Duties:</b>	<b>From:</b> <b>Mo: Yr:</b>  <b>To:</b> <b>Mo: Yr:</b>
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<b>Address</b> _____ <b>City</b> _____ <b>/St</b> _____ <b>/Zip</b> _____ <b>AreaCode:</b> _____ <b>Phone:</b> _____	<b>Reason for Leaving:</b>	<b>Starting Pay:\$</b> _____  <b>Ending Pay:\$</b> _____

**SUPPLEMENTAL EMPLOYMENT INFORMATION**

If you worked in any of your previous positions under another name, please give that name(s)

Are you presently employed? ..... Yes No

If yes, may we contact your employer ..... Yes No

Have you ever been fired, or asked to resign, from a job? Yes No If yes, please explain



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**SPECIAL SKILLS**

What languages do you speak fluently? \_\_\_\_\_

Use the space below to describe why you are interested in working for Project PATCH. List any skills and abilities that you feel particularly qualify you for a position with us. If you need additional space, please continue on a separate sheet.

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**HEALTH DISCLAIMER**

I am free from any and all communicable diseases and physically and mentally fit to perform the duties required of me.

(A pre employment physical will be required prior to employment.)

SIGNATURE \_\_\_\_\_

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**REFERENCES GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS.**

NAME	ADDRESS	PHONE	OCCUPATION
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**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize Project PATCH to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Project PATCH. I understand that the taking of drug and alcohol tests, when given pursuant to Project PATCH policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Project PATCH is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Director of Project PATCH. I also understand that Project PATCH has a probationary employment period during which time my employment is "at-will" and may be terminated by myself or by Project PATCH at any time for any reason or no reason at all, with or without prior notice..

**SIGNATURE** \_\_\_\_\_ **DATE** / / \_\_\_\_\_

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**OFFICE USE ONLY**

Interviewed by:

Interviewers remarks:

Is the operation of a company vehicle a job requirement?	Yes	No
If yes to above, has a request for drivers record been made?	Yes	No