



Position Desired 1. Nursing

2. \_\_\_\_\_

# Employment Application Form

## Kinderhafen Partners LLC

420 S. 32d Ave

Yakima, Wa. 98902

(509) 823-4200

E-mail: [administration@kinderhafen.com](mailto:administration@kinderhafen.com)

For Office Use Only .

1st Interview _____
Date _____
_____
_____
2d Interview _____
Date _____
_____
_____

**USE INK, PLEASE PRINT**

Position desired: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Date Available \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Cell phone \_\_\_\_\_ email \_\_\_\_\_

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

Social Security # \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_ Are you a citizen of the U.S. or do you have a legal right to work in the United States? \_\_\_\_\_ Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain briefly \_\_\_\_\_ *(Conviction of a felony is not an automatic bar to employment. We will consider relevant facts and circumstances)*

What shifts can you work? \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Alternating weekends \_\_\_\_\_ weekends only

Length of shift preferred: \_\_\_\_\_ 4 hours \_\_\_\_\_ 8 hours \_\_\_\_\_ 10 hours \_\_\_\_\_ 12 hours How many hours/week are you available? \_\_\_\_\_ hours week

**To be completed by Registered, Licensed, or certificated applicants : Office Use Only**

State Number Expiration Date Verification

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Has your license or certification ever been investigated or suspended? \_\_\_\_\_

**Employment record List last 4 jobs with most current listed first, include military service. Complete this section even if submitting a resume.**

\*May we contact your present employer? \_\_\_\_\_

Facility/Employer Name \_\_\_\_\_ Unit/floor/Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_ email \_\_\_\_\_

Facility/Employer Name \_\_\_\_\_ Unit/floor/Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Dates employed: From \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Facility/Employer Name \_\_\_\_\_ Unit/floor/Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Dates

employed: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Facility/Employer Name \_\_\_\_\_ Unit/floor/Department \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Dates

employed: From \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone# \_\_\_\_\_

Military service: Honorable Discharge? \_\_\_yes \_\_\_no Branch \_\_\_\_\_ Separation date \_\_\_\_\_

Please document reasons for periods that you were not employed: \_\_\_\_\_

Education	Name/City/State	Circle last year completed	Dates attended	Graduated? Yes or No	Degree/Major

Do you have a current Driver's license? \_\_\_\_\_ Current Car Insurance? \_\_\_\_\_

**Other Experience:** list other experiences ( e.g. volunteer, educational, training) related to position for which you are applying:

\_\_\_\_\_

**References: Work or Education related-please do not list relatives.**

Name	Address	Phone # (s) include prefix	Occupation	Office use only

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I attest that I am the applicant and the information provided in this application is complete and accurate, the best of my knowledge. I understand that providing incomplete or inaccurate information may result in disqualification of application, and may be a violation of state law(s). I understand and agree that any offer of employment is dependent upon satisfactory completion of pre-employment investigation which includes but is not limited to education and work history verification, reference checks and any investigation required by local, state, or federal law. The company is authorized to obtain information from current and previous employers and to release information in support of my application (application, references, background check results etc. ). The company may also share information regarding applicant's employment with its affiliates and appropriate governmental or licensing entities. I understand that the company requires a background checks, and I consent to such checks. I further understand that if I am hired my employment will be for an indefinite period of time and will be "at will" which means that either I or Kinderhafen LLC may terminate the employment relationship at any time and for any or no reason.

Kinderhafen LLC is committed to providing a safe, healthy and productive work environment and supports a smoke free and drug free environment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Voluntary EEO Identification Form

Kinderhafen LLC believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected status. Your completion of the information below is entirely voluntary. It will be separated from your employment records and will not be used to make a decision about your employment. The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Position (s) applied for \_\_\_\_\_

Date of Birth(month/day/year) \_\_\_\_\_

Gender:

Please identify your race/ethnicity:

\_\_\_Caucasian (not Hispanic or Latino) \_\_\_\_\_

Please indicate if you have a Disabled/Veteran classification(s): Such self identification is submitted on a voluntary, confidential basis, for use only in accordance with regulations and without subjecting the individual to adverse treatment.

\_\_\_disabled person \_\_\_Vietnam era veteran \_\_\_ Special disabled veteran (30% or more) \_\_\_Other veteran

\_\_\_I decline to respond to this questionnaire

Name\_\_\_\_\_ Date\_\_\_\_\_