

Peaceful Pines Adult Family Home		JOB APPLICATION	
3808 NE 99th Ave			
Vancouver, WA 98662			
360-260-9391			
Please fill out as completely as possible and return to address above or via email to:		msvdwyer@peacefulpinesafh.com	
APPLICANT INFORMATION			
LAST NAME		SSN	
FIRST NAME & MIDDLE INITIAL		DATE OF BIRTH	
STREET ADDRESS		PHONE 1	
		PHONE 2	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
Are you 18 or older?	Yes or No:	Entitled to work in the U.S.?	Yes or No:
Current or former military service?	Yes or No:	Discharge status	
Convicted of a felony?	Choose one: Yes No	If yes, please explain.	
All requirements below?	Choose one: Yes No		
Position Requirements: First Aid & CPR, Food Handlers card, WA DOH HCA/CNA , Mental Health, Dementia, and Nurse Delegation certificates	<div>Completed:</div> <div>Not Complete:</div>		
INCLUDE ALL CERTIFICATES WITH APPLICATION			
Days Available			

Hours of Availability			
PREVIOUS EXPERIENCE			
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:
EMPLOYER NAME		START DATE	
SUPERVISOR NAME		END DATE	
STREET ADDRESS		PHONE	
CITY / STATE / ZIP CODE		EMAIL ADDRESS	
POSITION HELD		RATE OF PAY	
Reason for leaving?		May we contact?	Yes or No:
EDUCATION			
	NAME AND LOCATION	MAJOR / EMPHASIS & DEGREE EARNED	
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
OTHER SCHOOLING			

APPLICABLE SKILLS / PROFICIENCIES			
PLEASE LIST 3 REFERENCES AND CONTACT INFORMATION BELOW			
I certify that the information on this application is complete and correct. I consent to the contact of former employers/institutions/references listed above.			
SIGNATURE		DATE	