



Columbia

COLUMBIA BASIN CARE

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (last, first, middle initial)

Date of Birth

Position Applying For

Address (street, city, state, zip)

Phone

Email

Are you a citizen of the U.S.?

Yes No

If no, are you authorized to work in the U.S.?

Yes No

Have you worked for this company?

Yes No

If so, what position?

Do you have relatives or friends currently employed here?

Yes No

If so, who?

Equal Employment Opportunity: It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, or any other legally protected status unless there is a bona fide occupational requirement reasonably necessary to the operation of our business.

EDUCATION

High School

Did you graduate? Yes No

Degree

College

Did you graduate? Yes No

Degree

Other

REFERENCES - List three professional references

Name:

Company:

Relationship:

Phone:

Address:

Name:

Company:

Relationship:

Phone:

Address:

Name:

Company:

Relationship:

Phone:

Address:

PREVIOUS EMPLOYMENT

Company:	Manager:
Address:	Phone:
Job Title:	From: To:
Reason for Leaving:	

Company:	Manager:
Address:	Phone:
Job Title:	From: To:
Reason for Leaving:	

Company:	Manager:
Address:	Phone:
Job Title:	From: To:
Reason for Leaving:	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

HOW DID YOU HEAR OF US? Website Facebook Friend Other, please explain:

DISCLAIMER and SIGNATURE

1. I certify that the facts and information given in this application, in any attachments or supporting documents and in any interviews are (or will be) true and complete. I authorize the investigations of all statements contained in this application, in any attachments or supporting documents and any interviews which Columbia Basin Care deems relevant to my qualifications for employment. I authorize you to request and receive such information and I release from all liability, all persons, employers, or other entities supplying it. I also release you from all liability that might result from making the investigation.
2. This application will only be considered active for 30 days.
3. I understand and acknowledge that, unless otherwise defined by the applicable law, any employment relationship with Columbia Basin Care is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by an written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Columbia Basin Care. I understand and agree, if hired, my employment is for no definite period of time, and may be terminated at any time, subject to Columbia Basin Care Policies and Procedures.
4. I understand that no employee or agent of Columbia Basin Care is authorized to change any of these terms mentioned in the employment application.
5. In the event of unemployment, I understand that false or misleading information given in my application or interviews may result in discharge.
6. I understand, also, that I am required to abide by all rules and regulations of the employer. If employed by Columbia Basin Care, I understand that the first 90 days of my employment is a probationary period.

NOTE: This Application must be signed at the time submitted or it will not be accepted.

Signature	Date:
-----------	-------