



1226 Carpenter Rd SE, Ste B-1
Lacey, WA 98503

Phone 360-705-4665

Fax 360-705-4654

Legal Name: _____

Nickname or (Preferred) Name: _____ Date: _____

Gender Identity: _____ Gender Pronoun: _____

Phone Number: _____ Alt. Phone Number: _____

Address: _____

City: _____ Zip: _____ Email Address: _____

Emergency Contact: _____ Phone Number: _____

Are you at least 18 years old? Y___ N___

Do you currently have your high school diploma or GED? (required) ___ Y ___ N

When? _____ Where (city, state) _____

Level of Education Completed: _____ When? _____ Where? (city, state) _____

What are you available to work: Mark all that apply.

Please note your availability (Start and end time).

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Please check your preference below:

___ Part time (1-29 hours per week)

___ Full time (30-40 hours per week)

___ Fill-in status (You do not have a set schedule. This is a very flexible position. You need to work at least 64 hours per month, but you can work up to 40 hours per week and overtime if preapproved.)

Initial

I understand that I will be required to work weekends.

U.S. Citizen: ___Yes ___No (If no, Alien Number must be given before employment begins)

Have you ever been convicted of a felony? ___Yes ___No (If yes, attach explanation)

Military service? ___ Yes ___No

Work Experience: (Last 8 years, list most recent first - you may attach resume for this section.)

* **Employer** _____ Address _____ City, State _____

From ___ To ___ Hourly Pay _____ Supervisor _____ Phone _____

Position _____ Duties _____

Reason for leaving _____

* **Employer** _____ Address _____ City, State _____

From ___ To ___ Hourly Pay _____ Supervisor _____ Phone _____

Position _____ Duties _____

Reason for leaving _____

* **Employer** _____ Address _____ City, State _____

From ___ To ___ Hourly Pay _____ Supervisor _____ Phone _____

Position _____ Duties _____

Reason for leaving _____

List 3 Personal references other than relatives. References must have known applicant for at least 3 years if fingerprints or character references are needed (include address and phone number):

Other volunteer and community experience working with special populations? _____

Education / Employment Goals:

I affirm that the information contained in this application and in any other material included as part of this application is true and correct to the best of my knowledge. I understand that any misrepresentation given in the application process may lead to my termination from employment.

In order to maintain staff flexibility that is essential to the successful management of our agency, it is understood that any employment relationship with Kokua is "At Will". It can be terminated, with or without cause, at any time by either the employer or the employee.

Signature _____ Date _____

FORMS:ApplicationforEmployment:05/12



Acknowledgement of Job Duties

Kokua employees provide personal support for adults with disabilities. Extensive training will be provided to assist new employees to perform tasks per Kokua's expectations. All direct care positions require that employees are able to participate in the following activities:

- Cook client meals
- Accompany clients to do their grocery shopping
- Perform house cleaning chores
- Laundry
- Yard work and lawn mowing
- Lift up to 30 pounds
- Provide personal care, as needed (help with bathing, toileting, dressing)
- Use augmentative communication devices, as needed
- Ride the Intercity Transit bus with clients
- Drive a company vehicle to transport clients
- Assist clients to attend religious functions of their choice
- Support a client's lifestyle choices even if they conflict with your own values
- Accompany clients on outings in the community
- Follow safety training instructions
- Use universal health precautions training to prevent the spread of disease
- Complete daily documentation as instructed in new employee training classes

I have read the job requirements listed above and I affirm that I am willing and able to perform the tasks listed.

Applicant Signature

Date



1226 Carpenter Rd SE, Ste B-1, Lacey, WA 98503
 360-705-4665, fax 360-705-4654

WORK REFERENCE FORM

Note to applicant: Three Work Reference Forms are needed
Fill out top portion with previous employer information and submit with application.

Applicant: _____

I authorize the employer to release to Kokua the information requested on this form.

Signature of Applicant **Date**

Company: _____ **Contact Name:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____

Dates of Employment with reference listed: _____

THIS PORTION IS TO BE COMPLETED BY FORMER EMPLOYER

The applicant listed on this form has applied for employment with Kokua and has provided your name as a contact for reference of previous employment. Please complete and return form by fax or mail. Thank You!

Dates of Employment: _____ **Eligible for rehire?** _____

Applicant's abilities in the following areas:

	Excellent	Good	Average	Poor	N/A
Cooperation & Teamwork	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Employer Signature **Title** **Date**

Phone Reference _____

Kokua Staff Signature

_____ Date



1226 Carpenter Rd SE, Ste B-1, Lacey, WA 98503
360-705-4665, fax 360-705-4654

WORK REFERENCE FORM

Note to applicant: Three Work Reference Forms are needed
Fill out top portion with previous employer information and submit with application.

Applicant: _____

I authorize the employer to release to Kokua the information requested on this form.

Signature of Applicant **Date** _____

Company: _____ **Contact Name:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____

Dates of Employment with reference listed: _____

THIS PORTION IS TO BE COMPLETED BY FORMER EMPLOYER

The applicant listed on this form has applied for employment with Kokua and has provided your name as a contact for reference of previous employment. Please complete and return form by fax or mail. Thank You!

Dates of Employment: _____ **Eligible for rehire?** _____

Applicant's abilities in the following areas:

	Excellent	Good	Average	Poor	N/A
Cooperation & Teamwork	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Employer Signature **Title** **Date** _____

Phone Reference _____
Kokua Staff Signature

_____ Date



1226 Carpenter Rd SE, Ste B-1, Lacey, WA 98503
360-705-4665, fax 360-705-4654

WORK REFERENCE FORM

Note to applicant: Three Work Reference Forms are needed
Fill out top portion with previous employer information and submit with application.

Applicant: _____

I authorize the employer to release to Kokua the information requested on this form.

Signature of Applicant **Date** _____

Company: _____ **Contact Name:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Fax:** _____

Dates of Employment with reference listed: _____

THIS PORTION IS TO BE COMPLETED BY FORMER EMPLOYER

The applicant listed on this form has applied for employment with Kokua and has provided your name as a contact for reference of previous employment. Please complete and return form by fax or mail. Thank You!

Dates of Employment: _____ **Eligible for rehire?** _____

Applicant's abilities in the following areas:

	Excellent	Good	Average	Poor	N/A
Cooperation & Teamwork	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Punctuality & Attendance	_____	_____	_____	_____	_____

Employer Signature **Title** **Date**

Phone Reference _____
Kokua Staff Signature

_____ Date