

EMPLOYMENT APPLICATION

We thank you for your interest in becoming a team member of Vocational Vistas. Please allow up to 10-business days for a response to your application.

Personal Information:

Full Name (First, Middle, Last): _____

Date of Birth: _____

This is required in-order to initiate a background check. See [WAC 296-19A-268](#).

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Have you ever been / are you currently employed as a Vocational Rehabilitation Intern / Counselor in WA state?

 Y* or N* Most recent: Vocational Rehabilitation Intern Vocational Rehabilitation Counselor

* Date issued a Provider Number. If still current, what is it? _____

Due to potential conflict of interest given the nature of our work, it is important for us to ask all applicants:

Have you ever filed for a workers' compensation claim with the Department of Labor and Industries?

 Y or N

Have you ever applied for employment at Vocational Vistas, Inc.?

 Y or N

Do you own or have unlimited access to a reliable vehicle for work-related purposes?

 Y or N

Do you have driver's insurance?

 Y* or N

* If hired, you will be asked to provide a photocopy of your driver's license and proof of insurance. Please redact personal information except name and coverage dates.

Are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?

 Y* or N

* If hired, you will be asked to complete an I-9 Form (Employment Eligibility Verification).

If hired, are you willing to submit to a controlled substance test?

 Y or N**Vocational Vistas, Inc.**

12535 15th Ave. NE, Ste #215 Seattle, WA 98125
206-708-2584 (Phone) | 206-267-0999 (Fax)

Position Applying For:

- Vocational Rehabilitation Intern (Bachelor's / Master's Degree required)
- Vocational Rehabilitation Counselor (Bachelor's / Master's Degree and CDMS / CRC required)
- Vocational Rehabilitation Counselor / Manager (Bachelor's / Master's Degree and CDMS / CRC required)

Education, Training and Experience:

High School:

School Name: _____

Did you graduate? Y or N

Year Degree / Diploma earned: _____

College / University:

School Name: _____

Number of years completed: _____

Did you graduate? Y or N

Degree(s) / Certificate(s) Earned: _____

Year Degree / Certificate(s) earned: _____

Vocational School:

School Name: _____

Did you graduate? Y or N

Degree(s) / Certificate(s) earned: _____

Year Degree / Certificate(s) earned: _____

Military:

Branch: _____

Rank in Military: _____

Total Years of Service: _____

Skills/Duties: _____

Related Details: _____

Skills and Qualifications: Licenses, Skills, Training, Awards:

Other Languages:

Do you speak, write or understand any foreign languages?

Y or N

If yes, list which languages(s) and how fluent you consider yourself to be: _____

Employment History:

Please detail each position for the past five years. Account for any gaps in employment during that period.

Are you currently employed? Y or N

May we contact your previous employer(s)? Y or N

EMPLOYER #1

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

EMPLOYER #2

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

EMPLOYER #3

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

Length of Employment (Include Dates): _____

Salary/Hourly Rate of Pay: _____

Position & Duties: _____

Reason for Leaving: _____

References:

List up to three professional references who have knowledge of your work performance within the last five years.

May we contact your professional reference(s)? Y or N

REFERENCE #1

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

REFERENCE #2

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

REFERENCE #3

First and Last Name: _____

Telephone Number: _____

Email Address: _____

Address: _____

City, state, zip: _____

Occupation: _____

Number of Years Acquainted: _____

Certification:

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: _____

Date