



SKILLED NURSING · ADULT DAY CARE · ASSISTED LIVING · CARE TEAM MINISTRY
CHILDCARE SERVICES · JOSIE'S BABY DIAPER SERVICES

Employment Application

Josephine is an equal opportunity employer.
We comply with all applicable state and federal civil rights
and equal employment laws and regulations.

9901 272nd PI NW · Stanwood, Washington 98292
Telephone 360-629-2126 · Fax 360-629-4543 · www.josephinenet.com

NAME: Last, First, Middle _____

DATE: _____



Our Mission

Why we exist and the unchanging principles that guide us.

Josephine is a Christian community welcoming people of all faiths. We offer care for the whole person – body, mind, and spirit.

Through innovative residential and non-residential health and long term care services, comprehensive child services, and our special focus on integrated programs, we strive to be a resource to the individuals and communities we serve.

Our Vision

What we want to achieve as we head into the future

- To create a truly whole-person, wellness philosophy of care and service that responds to personal needs.
- To challenge ourselves to think progressively and act creatively in order to redefine care and service while at the same time encouraging and supporting others to do the same.
- To serve as a resource for health and wholeness as we explore and create innovative programs and services.

Our Core Values

How we behave as we carry out our mission, operate daily and plan for the future:

Serving others is our only purpose. To do that, we are willing to step out of our comfort zone, *take risks* and *embrace change*. We take *individual responsibility* to do what is right. We act with *integrity* and conduct ourselves in the *highest ethical* manner, both individually and as a team. This creates an environment of *trust* in which we grow together, relying on one another and striving for *excellence* in all we do. We encourage simple acts of *kindness* in all our daily interactions. We show *respect* for the diverse opinions, perspectives, gifts and talents of those associated with Josephine, enabling us to remain *creative, innovative* and *fully responsive* to the needs of our residents and community. We are *careful stewards* of our financial, environmental and human resources, so that we can generate additional resources to provide even more and better service. We are at our best when people are having *fun*.

Please complete this application completely. A resume may be included but can not used in place of the completed application.

Part 1. General Information			
Position Desired (Job Title)		How did you hear about this position?	
Name (Last, First, and Middle Initial)		Earliest available date to start?	
Mailing Address (include apartment number)		E-Mail Address	Social Security Number Required Upon Hire.
City	State	ZIP	Home Telephone
Age 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Family member working at Josephine? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:		Work / Message Telephone
Emergency Contact Name:	Emergency Contact Phone Number:	Emergency Contact Relation:	

Part 2. Education and Training							
Have you graduated from high school or passed the GED? <input type="checkbox"/> Yes <input type="checkbox"/> No							
List college, business school, military training, and other relevant education.							
School Name and Location	Month and Year Attended From / To	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1.	/						
2.	/						
3.	/						

Part 3. Certifications / Proficiencies / Skills / Languages			
If a certificate, registration, driver's license or other license is required for this position, please complete the following:			Other than English, what languages do you speak, read, or write fluently?
Type	License Number	Expiration Date	Driver's License
NAC			CDL
RN / LPN			Food Handlers Permit
Other:			First Aid / CPR
Do you have any current or past restrictions on your license? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, please list restrictions below.	

Part 4. References	
Name	Name
Relationship	Relationship
Address	Address
Phone	Phone

Part 5. Employment History: List jobs beginning with your present or most recent employer.

Employer		Duties:		
Job Title				
Supervisor				
Address				
Phone		Current/ending salary		Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date		

Employer		Duties:		
Job Title				
Supervisor				
Address				
Phone		Ending salary		Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date		

Employer		Duties:		
Job Title				
Supervisor				
Address				
Phone		Ending salary		Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date		

Employer		Duties:		
Job Title				
Supervisor				
Address				
Phone		Ending salary		Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date		

Part 5. Employment History: (Continued)

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone		Ending salary	Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone		Ending salary	Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone		Ending salary	Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Employer			Duties:
Job Title			
Supervisor			
Address			
Phone		Ending salary	Reason for leaving:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire date	Leave date	

Part 6. Preferences

- A. Check which shift you will accept: Day Evening Night Rotating Weekends
- B. Check which job status you will accept: Full-time Part-time Non-Permanent
 Shared On –Call Project

Part 7. Eligibility

- A. Are you legally eligible for employment in the United States? Yes No.
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certificate verifying your identity and employment eligibility. You will also be required to provide documentation, should you be employed.
- B. Are you willing and able to provide your own transportation? Yes No
- C. Have you ever been convicted for any violation(s) of the law? Yes No
If Yes, please explain:

Part 8. Please use the space below to describe hobbies, community involvement or interests you have. Please use an additional sheet of paper if necessary.

Part 9. Authorization and Certification

I certify that the statements in the application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal.

I authorize Josephine to investigate and verify any of the information I have submitted. I understand that any offer of employment is contingent upon Josephine receiving satisfactory results from a criminal background check. I understand that should investigation disclose misrepresentation, falsification or omissions, such findings may be grounds for rejection of my application or immediate dismissal from employment. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

If employed, I release Josephine from any liability for future references it may provide regarding my work history at Josephine.

I understand that employment, if offered, will be at the will of Josephine and myself, and may be terminated at any time by either party with or without cause or reason.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Josephine's interest, nor will I become engaged in such activity or business if employed.

If employed, I further agree that if I lose, purposely damage, or fail to return any firm property, Josephine is authorized to deduct from my wages sufficient funds to repay such.

I hereby certify that all entries and attachments are true and complete

Signature: _____ Date: _____

This EOE form is voluntary. Please return to the front office. It is not part of the application and will be processed separately.

Affirmative Action Information

To ensure equal employment opportunity, we ask your **voluntary** cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel and is not a part of the application process. Please review the Affirmative Action definitions at the bottom of the page.

1. Name (Last, First, Middle Initial)		2. Date of Birth	3. Social Security Number (Optional)	4. Are you <input type="checkbox"/> Male <input type="checkbox"/> Female
5. What race or culture do you consider yourself? <input type="checkbox"/> American Indian (597) <input type="checkbox"/> Alaskan Native (015) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (653) <input type="checkbox"/> Asian (621) <input type="checkbox"/> Black/African American (870) <input type="checkbox"/> White/Caucasian (800) <input type="checkbox"/> Other Race (Indicate Race or Culture) _____ <input type="checkbox"/> Multi-Racial (Indicate Races or Cultures) _____		6. Have you ever been on active duty in the US Armed Forces? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Did you serve in the Republic of Vietnam <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ to _____ <input type="checkbox"/> Disabled Veteran _____% of disability.		
Date		Signature (voluntary)		
7. Do you have a long-term condition such as: blindness, deafness, severe vision or hearing impairment, a substantial limitation on one or more basic physical activities (e.g., walking, climbing stairs, reaching, lifting or carrying), or a physical, mental or emotional condition which impacts learning, remembering or concentrating? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to Affirmative Action definitions below.)				

Affirmative Action Definitions

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander. A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black/African-American. A person with origins in any of the Black racial groups of Africa.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person who is entitled to compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the Department of Veteran's Affairs Secretary confirming employment handicap as it relates to item (B).

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975.

*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.