

Name (please print): \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## Kitsap Tenant Support Services, Inc. and Kitsap Home Care Services

109 Olding Road Ste 100  
Bremerton, WA 98312  
360-377-7307  
www.kitsaphomecare.com

Kitsap Tenant Support Services, Inc. is an Equal Employment Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, sex, sexual orientation, religion or national origin, creed, marital status, age, income level, Vietnam era or other veteran's status.

### Instructions to Applicants

#### Please read carefully BEFORE completing application

1. Please respond to all questions on the Kitsap Tenant Support Services Inc. application. If a particular question doesn't apply to you, or you don't know the answer, can't remember a date, etc. please write N/A in the appropriate blank.
2. Be sure to carefully read and sign the boxed "Please read before signing" statement. Unsigned applications will not be considered.
3. State law requires that applicants pass a background investigation as a condition of employment at KTSS Inc. Please complete DSHS/AASA *Background Inquiry Application* included in this packet.

Your application will be promptly distributed to the appropriate supervisor for consideration. **Please make sure your application is completed thoroughly as applications with gaps in required information will not be considered.** All applicants being considered for an interview will be contacted by telephone within 2 weeks. Please do not call to check on your status.

*Thank you for your interest in working for Kitsap Tenant Support Services, Inc.!*

### For Office Use Only

<u>Date</u>	<u>Notes</u>
_____	_____
_____	_____
_____	_____
_____	_____

Interviewer \_\_\_\_\_

<b>Prior to FOC -</b>	Drivers License: <input type="checkbox"/>
TB: <input type="checkbox"/>	SS Card: <input type="checkbox"/>
Apt set for: _____	Fingerprints: <input type="checkbox"/>
Abstract: <input type="checkbox"/>	HS Diploma: <input type="checkbox"/>
Background check: <input type="checkbox"/>	<b>After FOC, Within 30 days:</b>
Reference 1: <input type="checkbox"/>	Food Handlers Card <input type="checkbox"/>
Reference 2 : <input type="checkbox"/>	First Aid <input type="checkbox"/>
Proof of Insurance: <input type="checkbox"/>	CPR <input type="checkbox"/>

## **Agency Information**

Kitsap Tenant Support Services Inc. is broken down into two separate agencies which provide services to individuals who are developmentally disabled (KTSS) and to those who are aging and/or vulnerable, working towards staying in their own homes (KHCS). The two sides to our company share applications, in order to ensure that you are placed with the agency which best suits your personal wishes, please indicate if you have a preference working with a particular group of clients.

- Developmentally disabled individuals only
- Aging and/or Vulnerable individuals
- Either



**WORK EXPERIENCE** Please list all work experience; attach additional pages as necessary. Begin with your *most recent* employment.

From \_\_\_\_\_ To \_\_\_\_\_ Company name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Supervisor name & title \_\_\_\_\_  
Position \_\_\_\_\_ Job duties \_\_\_\_\_  
\_\_\_\_\_  
Hours per week \_\_\_\_\_ Beginning salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
.....

From \_\_\_\_\_ To \_\_\_\_\_ Company name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Supervisor name & title \_\_\_\_\_  
Position \_\_\_\_\_ Job duties \_\_\_\_\_  
\_\_\_\_\_  
Hours per week \_\_\_\_\_ Beginning salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
.....

From \_\_\_\_\_ To \_\_\_\_\_ Company name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Supervisor name & title \_\_\_\_\_  
Position \_\_\_\_\_ Job duties \_\_\_\_\_  
\_\_\_\_\_  
Hours per week \_\_\_\_\_ Beginning salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
.....

From \_\_\_\_\_ To \_\_\_\_\_ Company name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Supervisor name & title \_\_\_\_\_  
Position \_\_\_\_\_ Job duties \_\_\_\_\_  
\_\_\_\_\_  
Hours per week \_\_\_\_\_ Beginning salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Why did you leave? \_\_\_\_\_  
.....

**REFERENCES** Please list three individuals who have known you for at least one year and who are familiar with your work, and ***who are not related to you.***

1. Name \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_
2. Name \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_
3. Name \_\_\_\_\_ Phone( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_

1. Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes  No

If not, explain which tasks \_\_\_\_\_

2. Some of our positions include times when you may have to help a client with incontinence and deal with urine or feces, are you willing and/or comfortable performing these tasks? Yes  No

3. Will you abide by the safety rules of Kitsap Tenant Support Services? Yes  No

4. Have you ever been disciplined for violating company safety rules or regulations? Yes  No

If yes, please explain \_\_\_\_\_

5. How many days of work (or school) have you missed in the last two years? \_\_\_\_\_

6. How many times have you been late for work (or school) in the last two years? \_\_\_\_\_

7. Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes  No

If no, please explain \_\_\_\_\_

8. May we contact your current employer? Yes  No

9. Are you under the age of 18? Yes  No

10. Will your immigration or visa status prohibit lawful employment? Yes  No

11. Have you ever been fired, or asked to resign from a job? Yes  No  If yes, explain \_\_\_\_\_

12. Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes  No

If yes, please explain \_\_\_\_\_

13. Have you ever been required by any licensing board or professional ethics body to surrender a license or have you ever been found guilty of professional ethics code violations or professional misconduct? Yes  No

If yes, please explain \_\_\_\_\_

**Some Positions Require Transportation:**

Do you have a current WA State Drivers License? Yes No

If you have a license from another state, are you willing to get a WA State license? Yes No

Do you have a good driving record? Yes No

Do you have proof of automobile liability insurance? Yes No

We require limits of 100,000/200,000 for bodily injury. Would you be willing to increase your limits if you do not already have this? *(mark yes if you already have these limits)* Yes No

Do you have access to a reliable vehicle to transport clients on a regular basis? Yes No

## **AFFIDAVIT – Please Read Before Signing**

I certify that the information given by me to Kitsap Tenant Support Services, Inc., is true and complete. I understand that any incomplete, misleading, or false information will disqualify my application. I understand that if I am employed, discovery that I gave misleading, false, or incomplete information during the application process may result in my immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Kitsap Tenant Support Services, Inc.' interests or those of its clients, nor will I become engaged in such activity or business if employed.

I authorize Kitsap Tenant Support Services Inc., to solicit information regarding my work history/previous employment, character, general reputation, and similar background information, and to contact any references and former employers listed on my application. 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 the company from any liability for future references it may provide regarding my work with Kitsap Tenant Support Services Inc.

If I am employed, I authorize Kitsap Tenant Support Services Inc. to request a copy of my driving record for the previous three years on an annual basis as well as perform a criminal background check every two years. I agree that, if I am employed, I will maintain Professional Boundaries with Participants/Clients at all times and adhere strictly to company training and procedures.

**I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand and agree that if I am hired; my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Kitsap Tenant Support Services, Inc., or myself. I understand that no representative of Kitsap Tenant Support Services, Inc., (other than the Administrator) has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.**

If employed, I agree that if Kitsap Tenant Support Services, Inc., advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any company property, Kitsap Tenant Support Services, Inc., Inc. is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Kitsap Tenant Support Services, Inc., is an Equal Opportunity Employer. We encourage all qualified individuals to apply for employment.

**Kitsap Tenant Support Services, Inc.**

109 Olding Road Ste 100

Bremerton, WA 98312

(360)373-4173

(360)373-7307



# Kitsap Tenant Support Services, Inc.

109 Olding Road Ste 100  
Bremerton, WA 98312  
360-377-7307

## REQUEST FOR REFERENCE

To: \_\_\_\_\_

\_\_\_\_\_

Re: \_\_\_\_\_

The above named individual has applied for a position with our company, and indicates previous employment with your firm or has listed you as a personal reference. The information requested below will help us to evaluate the applicant's suitability to work with vulnerable adults and children. We will hold your comments in the strictest confidence. Thank you for your assistance,

Sincerely,  
KTSS, Inc.  
Human Resources

What was his/her position with your firm: \_\_\_\_\_ or relationship to you \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ or how long you've known the individual: \_\_\_\_\_

From your knowledge of the applicant do you believe they would be successful in working with the elderly and developmentally disabled? \_\_\_\_\_

Have you ever worked with or done volunteer work with the applicant? During this experience do you believe that the applicant had good conduct? \_\_\_\_\_.

Do you believe that the applicant is dependable and reliable? \_\_\_\_\_

How would you rate his/her dependability and reliability: Good Fair Poor

How would you rate the his/her attendance/punctuality: Good Fair Poor

How is the applicant's attitude? Good Fair Poor

Is applicant eligible for rehire? \_\_\_\_\_

Name and position of person giving information: \_\_\_\_\_

**I HEREBY RELEASE THE COMPANY OR PERSON NAMED FROM ALL LIABILITY AND AUTHORIZE THEM TO RELEASE ALL INFORMATION REGARDING MY FORMER EMPLOYMENT WITH THEIR ORGANIZATION. I WILL HOLD KTSS DBA KITSAP HOME CARE SERVICES HARMLESS IN THE ACQUISITION OF THIS INFORMATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Kitsap Tenant Support Services, Inc.**  
**109 Olding Road Ste 100**  
**Bremerton, WA 98312**  
**360-373-4173**

**Applicant Disclosure, Pursuant to RCW 43.43.834**  
**Child and Adult Abuse Information Act**

Answer **YES** or **NO** to each listed item. IF the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the count(s) involved.

1. Have you ever been convicted of any crime against children or other persons, as follows: aggravated murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third-degree rape; first, second, or third degree rape of a child, first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; distributing erotic material to a minor; custodial assault; violation of child abuse restraining order, child buying or selling; prostitution?

ANSWER-----IF YES, EXPLAIN BELOW:

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2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first second, or third degree theft; first or second-degree robbery; forgery?

ANSWER-----IF YES, EXPLAIN BELOW:

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3. Have you ever been found in any dependency action under RCW 13.34.030(5)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

ANSWER-----IF YES, EXPLAIN BELOW:

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4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused a minor?

ANSWER-----IF YES, EXPLAIN BELOW:

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5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

ANSWER-----IF YES, EXPLAIN BELOW:

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6. Have you ever been found in any protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?

ANSWER-----IF YES, EXPLAIN BELOW:

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7. Have you ever been convicted of crimes related to drugs as defined in RCW 43.43.830

ANSWER-----IF YES, EXPLAIN BELOW

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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature \_\_\_\_\_

Applicant Name (Please Print)\_\_\_\_\_

Date: \_\_\_\_\_

Personnel Coordinator\_\_\_\_\_

Business or Organization: Kitsap Tenant Support Services Inc.\_\_\_\_\_

Address: 109 Olding Road Ste 100; Bremerton, WA 98383\_\_\_\_\_

## Affirmative Action Information

Kitsap Tenant Support Services, Inc., is committed to non-discrimination in employment opportunities. To assist us toward that end, we request that you provide the following information. This information will not be seen by those involved in the hiring process and will not be used in any way in evaluating your application. Completion of this page of the employment application is *optional*.

Name \_\_\_\_\_

Date \_\_\_\_\_

Please respond to the questions below by checking the answers that apply

1. I am  Male  Female

2. My ethnic origin is

White  Black  Hispanic  Asian or Pacific Islander  Native American or Alaska Native

3. I am a veteran of the U.S. military  Yes  No

4. Are you at least 18 years old?  Yes  No

5. I heard about this position from \_\_\_\_\_

(Please be as specific as possible: in which newspaper did you see our advertisement, where did you see one of our fliers, which agency or person referred you, at what job fair did you learn about KTSS Inc, etc.)