



POSITION APPLIED FOR: _____

FULL-TIME PART TIME TEMPORARY

APPLICATION FOR EMPLOYMENT

Please sign below after you read this entire form to indicate that you understand these terms:

- The Agency may try to verify the information I provide, perhaps even before I am interviewed.
- The Agency may choose not to interview or hire me based on the information provided on this form.
- The only persons authorized by the Agency to evaluate my application and/or offer me a position are the Assistant Executive Director and Executive Director or others they designate to do so.
- The Agency will not discriminate against an employee or applicant for employment because of age, religion, sex (gender), race, color, ethnicity, national origin, citizenship, handicapping conditions, disability, status as a veteran of the armed services, marital status, ancestry, sexual orientation (preference), or any other legally protected status. Triumph Treatment Services is an equal opportunity affirmative action employer. The information I provide will only be used for relevant job-related purposes.
- This application shall be considered active for up to (45) days.
- Unless otherwise defined by applicable laws, any employment relationship with the Agency is of an "at will" nature. This means that the employee may resign at any time and/or the employer may discharge the employee at any time with or without cause or notice.
- If the Agency hires me, I am required to abide by all rules and regulations established by the Agency.
- Any misrepresentation or falsification of information I provide in this application may result in my dismissal from employment, if hired.
- I may choose to not answer any question for any reason.

By signing below, I authorize investigation of my statements on this form and indicate I understand the terms outlined above.

NAME (Print) _____

DATE _____

SIGNATURE _____

Whom Shall We Thank for Referring You:

Employee:

Other:

Radio Station:

Newspaper

Worksource

**JAMES OLDHAM
TREATMENT CENTER**

P.O. Box 354
Buena, WA 98921
(509) 865-6705
FAX (509) 865-5011

RIEL HOUSE

613 Superior Lane
Yakima, WA 98902
(509) 575-4810
FAX (509) 576-3060

KIDS INC

3300 Roosevelt Ave.
Yakima, WA 98902
(509) 457-KIDS
FAX (509) 457-5437

**COMMUNITY DRUG
& ALCOHOL CENTER**

102 S. Naches Avenue
Yakima, WA 98901
(509) 248-1800
FAX (509) 575-3076

CASITA DEL RIO

1213 North Morain Loop
Kennewick, WA 99336
(509) 734-7490
FAX (509) 734-7489

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION TELL US HOW TO CONTACT YOU			DATE		
			E-MAIL		
NAME			PHONE #		
LAST	FIRST	MIDDLE	2 nd PHONE #		
ADDRESS					
STREET	APT#	CITY	STATE	ZIP	
EDUCATION TELL US ABOUT YOUR EDUCATIONAL BACKGROUND					
COMPLETED ELEMENTARY SCHOOL		YES	NO		
COMPLETED HIGH SCHOOL		YES	NO	GED	YES NO
OTHER EDUCATION (PLEASE DESCRIBE)					
COLLEGE / UNIVERSITY		WHEN FROM / TO		DEGREE	
		From:			
		To:			
		From:			
		To:			
		From:			
		To:			
ANY VOCATIONAL TRAINING					
INSTITUTION		WHEN FROM / TO		DEGREE	
		From:			
		To:			
		From:			
		To:			
		From:			
		To:			
MILITARY BACKGROUND					
SERVICE(S)		RANK		TYPE DISCHARGE	

PLEASE DESCRIBE ANY JOB-RELATED TRAINING:

WORK EXPERIENCE

LIST MOST RECENT / CURRENT EMPLOYER FIRST AND PROCEED BACK IN TIME. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY CHOOSE TO EXCLUDE ANY ORGANIZATIONS WHICH INDICATE ANY PROTECTED STATUS (RACE, RELIGION, GENDER, DISABILITIES). **Please attach addition page if necessary.**

PAST EMPLOYMENT

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER		
SUPERVISOR:	POSITION:	
LOCATION CITY/STATE:	SALARY:	
MAJOR DUTIES:		

REASON FOR LEAVING:

PAST EMPLOYMENT

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER		
SUPERVISOR:	POSITION:	
LOCATION CITY/STATE:	SALARY:	
MAJOR DUTIES:		

REASON FOR LEAVING:

PAST EMPLOYMENT

DATES OF EMPLOYMENT	FROM	TO
NAME OF EMPLOYER		
SUPERVISOR:	POSITION:	
LOCATION CITY/STATE:	SALARY:	
MAJOR DUTIES:		

REASON FOR LEAVING:

PROFESSIONAL REFERENCES

PEOPLE WHO ARE FAMILIAR WITH YOUR WORK SKILLS (SUPERVISOR, CO-WORKER, PEER IN ANOTHER AGENCY/CORPORATION). WE MAY CONTACT THESE PEOPLE TO ASK THEM WHY THEY WOULD RECOMMEND YOU FOR THIS POSITION. (YOU MAY WANT TO LET THEM KNOW WE MIGHT CONTACT THEM FOR THAT REASON.)

NAME:

ADDRESS:

PHONE:

WORK RELATIONSHIP:

PERTAINS TO WHICH EMPLOYER LISTED ABOVE:

NAME:

ADDRESS:

PHONE:

WORK RELATIONSHIP:

PERTAINS TO WHICH EMPLOYER LISTED ABOVE:

NAME:

ADDRESS:

PHONE:

WORK RELATIONSHIP:

PERTAINS TO WHICH EMPLOYER LISTED ABOVE:

PERSONAL REFERENCE: WE PREFER PROFESSIONAL REFERENCES. IF YOU CANNOT PROVIDE THREE (3) PROFESSIONAL REFERENCES, PLEASE PROVIDE AT LEAST TWO (2) PERSONAL REFERENCES

NAME:

ADDRESS:

PHONE:

WORK RELATIONSHIP:

PERTAINS TO WHICH EMPLOYER LISTED ABOVE:

NAME:

ADDRESS:

PHONE:

WORK RELATIONSHIP:

PERTAINS TO WHICH EMPLOYER LISTED ABOVE:

PERSONAL STATEMENT

TELL US, IN YOUR OWN WORDS, WHY YOU'RE INTERESTED IN THIS POSITION AND WHY YOU BELIEVE YOU WOULD SUCCEED IN THIS POSITION.

**TRIUMPH TREATMENT SERVICES
APPLICATION FOR EMPLOYMENT
CLERICAL ATTACHMENT**

<u>OFFICE SKILLS</u>		
	Yes	No
TYPING/KEYBOARDING		WPM
ELECTRONIC CALCULATOR		KSPM
TOUCH		
SHORTHAND		WPM
<u>COMPUTER SKILLS (YES/NO)</u>		
	Yes	No
PERSONAL COMPUTER		
YEARS EXPERIENCE		
PRINTER: INKJET		
LASER		

<u>SOFTWARE PROGRAMS (LIST)</u>		
<u>OFFICE MACHINES (YES/NO)</u>		
	Yes	No
COPIER		
FAX MACHINE		
POSTAGE METER		
TRANSCRIBER		
MULTILINE TELEPHONE		# of Lines

FINAL NOTES

Thank you for considering us as a prospective employer. You may ask to have a copy of your application to take with you.

You may take this application out of our office to complete it. If you want to mail it back to us, send it to:

Triumph Treatment Services
 102 S. Naches Avenue
 Yakima, WA 98901

You may take a blank copy of this application to another person who wants one. We will contact qualified applicants with our decision.

We often have opportunities for volunteers. Let us know if you would like more information on becoming a volunteer.

Please Remember:

Our community depends upon YOUR personal involvement in helping individuals and families affected by alcoholism and chemical dependency. Educate yourself about the disease and effective treatment. Please be generous in your support.

Thank You!