



Application for Employment

1155 N. State Street, Suite 525
Bellingham, WA 98225
(360) 647-1537

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age or veteran status, the presence of a not-job related medical condition or disability, or any legally protected status.

Date _____ How Did You Hear of This Job? _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Employment Availability

Date available to begin work: _____ Full Time (30-40 hr): _____ Part Time (under 30 hr): _____

List hours you are available to work (please specify by day):

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM							
TO							

Employment History

List your employment record in chronological order, beginning with your current or most recent employer.

Company Name & Address: _____

Dates of employment: _____ Salary _____ Supervisor Name & Contact # _____

Job Title: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

Company Name & Address: _____

Dates of employment: _____ Salary _____ Supervisor Name & Contact # _____

Job Title: _____ Reason for Leaving: _____

Duties and Responsibilities: _____

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 Dates of employment: _____ Salary _____ Supervisor Name & Contact # _____
 Job Title: _____ Reason for Leaving: _____
 Duties and Responsibilities: _____

Education

School	City, State	Dates Attended	Degree(s) Earned / Area of Study

Caregiver Training

Type of Training	Dates Attended	Date of Expiration if applicable
<i>Fundamentals of Caregiving</i>		
<i>First Aid</i>		
<i>CPR</i>		
<i>HIV/Blood borne Pathogens</i>		
<i>Other</i>		

Personal References

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
1. _____		
2. _____		
3. _____		

General

Why do you want to work at COL and what attracts you to a caregiver position? _____

Describe the way you feel you would interact with clients: _____

Please tell us about your experience with cooperative groups and/or your thoughts about working as an owner within a cooperative business? _____

Is there anything else you'd like to add about yourself?: _____

certify that the information contained in the application is true and correct to the best of my knowledge. I authorize the references, schools and previous employers listed to provide COL any and all information they may have. I release all parties and persons listed, COL or any of its members or employees from all liability for any damage, except that resulting from misrepresentation which might result from furnishing this information. I further understand that employment is on an "at will" basis and employment is not guaranteed for any term, and may be terminated by the co-op or myself for any reason at any time, with or without notice.

Signature _____ **Date** _____