



**Cascade Park Communities**  
 Home Office: 242 St. Helens Avenue S.  
 Tacoma, WA 98402  
 www.cascadecares.com

# APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

*(Application will remain active for 30 days)*

**Position Applied For:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Last First M.I.

**Address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

Street City State Zip

Are you at least 18 years of age?  Yes  No

Are you a U.S. Citizen or legally authorized to work in the U.S.?  Yes  No

Date you are able to start work: \_\_\_\_\_

May we contact your current employer?  Yes  No

Are you on layoff status or subject to recall elsewhere?  Yes  No

Pay Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

If hired, how long do you plan to continue working for the company? \_\_\_\_\_

Do you wish to work:  Full-time  Part-time  
 Temporary

Are you willing and available to work?  On call  
 Days  Evenings  Nights  
 Overtime  Weekends  Holidays

If applying for a job that requires one, do you have a valid driver's license?  Yes  No

Do you smoke?  Yes  No

Have you been convicted of a felony or misdemeanor? \*  Yes  No

If so, explain \_\_\_\_\_

\_\_\_\_\_

*\* A "yes" answer will not necessarily bar applicant from employment.*

Have you previously applied with us?  Yes  No

When \_\_\_\_\_

Have you previously worked with us?  Yes  No

When \_\_\_\_\_

Are any of your records under a different name?  Yes  No

If so, what name \_\_\_\_\_

Do you have any relatives working for us?  Yes  No

If so, who? \_\_\_\_\_

Is there any reason you might be unable to meet our attendance requirements?  Yes  No

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

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

**SKILLS / ABILITIES:**

List any computer software programs you are skilled at using: \_\_\_\_\_

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: \_\_\_\_\_

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## JOB REQUIREMENTS

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Will you be able to perform the essential functions of the job, with or without reasonable accommodation?

Yes     No

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## PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

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### Present or Last Employer:

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

### Previous Employer:

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

### Previous Employer:

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Start Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

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## PERSONAL REFERENCE

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Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Association: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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## PERSONAL REFERENCE

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Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Association: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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## PERSONAL REFERENCE

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Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Association: \_\_\_\_\_ How Long Known: \_\_\_\_\_

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**PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION**

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1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a drug screening and/or a physical exam
  
2. **I AUTHORIZE** the company to conduct drug screenings of my urine and/or blood and/or breath prior to employment, and at any time thereafter based on the terms of their Drug and Alcohol Abuse Policy. I further release all parties from all liability for any damage that may result from my submission to such screenings.
  
3. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
  
4. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
  
5. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
  
6. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.
  
7. All applicants will be required to submit to a background check of conviction records, pending charges and disciplinary board decisions completed within the past two years. If a job offer is made, it will be contingent upon the acceptable results of this background check. Employment with the company may be denied if an applicant's background check reveals a conviction or negative action listed on the DSHS Secretary's List of Crimes and Negative Actions.
  
8. **I AUTHORIZE** the company to run my background check, to include a criminal history and any other information that may be required. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.

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

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**PARENT OR GUARDIAN SIGNATURE REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE**

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Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_



**AUTHORIZATION & WAIVER ALLOWING  
CASCADE PARK COMMUNITIES TO OBTAIN INFORMATION**

I hereby authorize Cascade Park Communities (*Grand Park, LLC and Cascade Park Gardens, LLC*) to contact references about my work experience and to verify my background, including information given by me. This includes all checks of my background as allowed by law including, but not limited to, discussions with supervisors, co-workers, friends, business associates, education administrators, or other individuals that the Company, in its sole discretion, believes may have relevant information regarding my suitability for employment.

I agree not to assert any claims or causes of action of any kind against the Company, its agents, its employees, or any individual contacted by the Company, arising out of the Company's investigation and review of information. I further release and forever discharge the Company, its agents, its employees, and the individuals and companies contacted by the Company as part of its investigation, from any and all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the Company's investigation of my background. I acknowledge that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of its investigation.

I understand that if reference checking reveals false or misleading information given by me, it will be grounds for not hiring me, or if already hired, for immediate dismissal.

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

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

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**AUTHORIZATION & WAIVER ALLOWING  
FOR THE RELEASE OF CURRENT AND PAST EMPLOYMENT INFORMATION**

I hereby authorize both my current and former employers to furnish Cascade Park Communities (*Grand Park, LLC and Cascade Park Gardens, LLC*) with information relevant to my employment record, including, but not limited to overall job performance, personal character, attitude, quality of work, dependability, employee relations, initiative, job knowledge, productivity, communication skills, and attendance.

I acknowledge that it may your general policy to disclose in response to a prospective employer's request only the following information about current or former employees: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates. However, I am voluntarily requesting that you depart from this general policy in responding to reference requests from Cascade Park Communities.

In exchange for your agreement to depart from your general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge you, your successors, employees, officers, and directors for all claims, liabilities, and causes of action, know or unknown, fixed or contingent, that arise from or that are in any manner connected to the disclosure of my employment-related information. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

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

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