



EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS	GRADUATED	COURSE OR MAJOR
High School				
Undergraduate College				
Graduate/Professional				
Other (please specify)				

**WORK EXPERIENCE**

Start with your present or last job. Include job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

YOU MUST INCLUDE AT LEAST THE LAST FIVE YEARS

<b>Employer:</b>	<b>Dates Employed:</b>	
Address:	From:	To:
Phone Number(s):	<b>Work Performed:</b>	
Starting/Present Job Title:		
Supervisor:		
Reasons for leaving:		
<b>Employer:</b>	<b>Dates Employed:</b>	
Address:	From:	To:
Phone Number(s):	<b>Work Performed:</b>	
Starting/Present Job Title:		
Supervisor:		
Reasons for leaving:		
<b>Employer:</b>	<b>Dates Employed:</b>	
Address:	From:	To:
Phone Number(s):	<b>Work Performed:</b>	
Starting/Present Job Title:		
Supervisor:		
Reasons for leaving:		
<b>Employer:</b>	<b>Dates Employed:</b>	
Address:	From:	To:
Phone Number(s):	<b>Work Performed:</b>	
Starting/Present Job Title:		
Supervisor:		
Reasons for leaving:		

**COMMENTS:** Explain any gaps in employment. You may use a separate page if you need additional space.


**Describe any special training, apprenticeship, skills, and extra-curricular activities**

**List professional, trade, business, or civic activities and offices held**

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status

**Additional Information**

Other qualifications. Summaries, special job-related skills, and qualifications acquired from employment or other experience

**Personal/professional references. Do not include family members or past supervisors**

Name	Phone #	Best time to call	Occupation
1)			
2)			
3)			

**Applicant's Statement**

I certify that answers given herein are true and complete

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this agency.

I give Kitsap Residences permission to check for any convictions including those related to drugs and/or alcohol.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

Signature of applicant:

Date:

Date of Birth:

Driver's License Number:

# Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer, we comply with government regulation, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record-keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional.

Please note: Your cooperation is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

## Voluntary Survey (please print clearly)

Date:

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

**Submission of this form is voluntary.**

Name:

Address:

City:

State:

Zip:

Social Security Number:

Date of birth:

U.S. Military Veteran:

Yes  No

Check one:

Female  Male

Ethnic Origin:

White

Black

Hispanic

Asian Pacific Islander

American Indian/Alaskan Native

Other: \_\_\_\_\_

# KITSAP RESIDENCES

## APPLICANT MEMO OF UNDERSTANDING

I have read the attached job description(s) and do hereby state that I meet all of the job requirements and can fully complete the duties and responsibilities as outlined therein.

I understand the failure to meet all of the necessary requirements and/or duties and responsibilities can and will result in my immediate termination from the agency.

This section is being provided so that the applicant can voluntarily indicate whether or not they need reasonable accommodations to perform the essential job functions.

If you require reasonable accommodations indicate those accommodations here:

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If you do not require reasonable accommodations to perform the essential job functions, state that here:

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Applicant's name (print):

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Applicant's signature:

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Date:

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# KITSAP RESIDENCES

## POLICIES & PROCEDURES MANUAL

Subject: JOB DESCRIPTION

Section: 34

Job Title: Support Staff (non-graveyard)

### REQUIREMENTS:

Proof of COVID-19 vaccination.

Successful completion of background check.

No lifting restrictions or other conditions that could potentially interfere with the ability to perform the essential job functions.

Eighteen years of age or older.

Minimum of high school diploma or GED.

Ability to work without close supervision.

Ability to work with people and their families with respect.

Ability to work with other employees.

Ability to work with other individuals and agencies outside of Kitsap Residences.

Able to speak, read, write, and understand the English language.

### DUTIES AND RESPONSIBILITIES:

Maintain an attitude of support and helpfulness.

Follow all agency procedures in terms of safety, health, financial, household maintenance, and a healthy living environment, as well as all general agency policies and procedures.

Follow through and document appropriately all programs with accurate and timely documentation.

Transport clients safely to and from work and or community activities.

Attend all staff meetings.

Complete all paper work required in a timely manner.

Discuss with outgoing or incoming staff pertinent information.

Attend training assigned by supervisor, program coordinator, or Executive Director.

Write daily progress notes.

Assist with daily hygiene tasks, meals and medications according to individual schedules.

Assist people to access all aspects of the community.

Call into business office any needed paperwork.

Other duties as assigned.

# KITSAP RESIDENCES

## POLICIES & PROCEDURES MANUAL

Subject: JOB DESCRIPTION

Section: 34

Job Title: Graveyard Support Staff

### REQUIREMENTS:

Proof of COVID-19 vaccination.

Successful completion of background check.

No lifting restrictions or other conditions that could potentially interfere with the ability to perform the essential job functions.

Over 18 years of age.

Minimum of high school diploma or GED.

Ability to work without close supervision.

Ability to work with individuals and their families with respect.

Ability to work with other employees.

Ability to work with other individuals and agencies outside of Kitsap Residences.

Ability to clean homes as per posted schedule.

Able to speak, read, write, and understand the English language.

### DUTIES AND RESPONSIBILITIES:

Discuss with outgoing or incoming staff pertinent information. Respond appropriately to individuals who may be awake during the night.

Maintain an attitude of support and helpfulness to all individuals, their families, and other employees.

Follow all agency policies and procedures in terms of safety, household maintenance, and a healthy living environment.

Respond to emergencies as per agency policy and procedures.

Stay awake during shift.

Perform household tasks according to posted schedule.

Check each home responsible for at least every hour to ensure safety of individuals.

Complete all programs and documentation with accurate, timely documentation.

Transport clients safely to and from work and/or community activities.

Attend all staff meetings.

Attend training assigned by supervisor, program coordinator or Executive Director.

Complete all paperwork including filing and purging of records.

Write daily progress notes.

Assist individuals with daily hygiene tasks, meals and medications according to schedules.

Complete all agency time lined documents in a timely manner.

Complete monthly safety checks for each apartment.

Complete daily money and medication counts.

Other duties as assigned.

## Background Check Authorization

<b>Section 1. Required: Applicant Information</b> (All sections completed by the applicant, the person receiving a background check). The requesting entity will submit the applicant's information through the online Background Check System (BCS).			
1. REQUIRED: LEGAL NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO IDENTIFICATION (ID)			
FIRST	MIDDLE	LAST	
2. REQUIRED: OTHER ALIAS FIRST, MIDDLE, AND LAST NAMES YOU HAVE USED			
FIRST	MIDDLE	LAST	
3. REQUIRED: DATE OF BIRTH (MM/DD/YYYY)		4. REQUIRED: PHONE NUMBER (INCLUDE AREA CODE)	
		<input type="checkbox"/> I authorize BCCU to leave a detailed message.	
5. EMAIL ADDRESS		<input type="checkbox"/> By checking this box, I consent to and authorize BCCU to email my confidential and sensitive background check information, including a fingerprint rap sheet (if applicable), to the email address I have provided. By NOT checking this box, BCCU will use the mailing address provided to send me my background check information.	
6. SOCIAL SECURITY NUMBER		7A. REQUIRED: VALID DRIVER'S LICENSE OR STATE ID (WRITE NONE IF NONE)	7B. REQUIRED: ISSUING STATE
8. REQUIRED: HAVE YOU LIVED IN ANY STATE OR COUNTRY OTHER THAN WASHINGTON STATE WITHIN THE LAST THREE YEARS (36 MONTHS)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
9. REQUIRED: MAILING ADDRESS WHERE WE CAN SEND YOU CONFIDENTIAL INFORMATION			
STREET	APT. NO.	CITY	STATE      ZIP CODE
10. REQUIRED: PHYSICAL ADDRESS WHERE YOU LIVE NOW (WRITE "SAME" IF ADDRESS IS THE SAME AS YOUR MAILING ADDRESS)			
STREET	APT. NO.	CITY	STATE      ZIP CODE
<b>Section 2. Required: Self-Disclosure Questions</b> for ALL convictions and pending charges from any state or jurisdiction. You must answer Questions 11A through 14. Attach Page 2 if you have crimes or pending charges. <b>SEE INSTRUCTIONS.</b>			
11A. Have you been convicted of any crime? If <u>yes</u> , complete Page 2, Section 3..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
11B. Do you have charges (pending) against you for any crime? If <u>yes</u> , complete Page 2, Section 4..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? .. <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? .. <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Has a court ever entered any of the following orders against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile, or child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<ul style="list-style-type: none"> <li>• Permanent vulnerable adult protection order / restraining order, either active or expired.</li> <li>• Sexual assault protection order.</li> <li>• Permanent civil anti-harassment protection order, either active or expired.</li> </ul>			
I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles, or children. I understand and agree my signature in the box below means:			
<ul style="list-style-type: none"> <li>• I give DSHS permission to check my background with any governmental entity and law enforcement agency.</li> <li>• My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.</li> <li>• If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.</li> <li>• DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.</li> </ul>			
15. REQUIRED: SIGNATURE. YOUR PARENT OR GUARDIAN'S SIGNATURE IF YOU ARE UNDER 18.			16. REQUIRED: TODAY'S DATE (MM/DD/YYYY)



# Background Check Authorization

## List of Crimes and Pending Charges

This page **MUST** be attached to Page One of the Background Check Authorization form if 11A or 11B are marked "Yes."

**Important information about answering self-disclosure questions:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. It is recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

<b>REQUIRED: PRINT YOUR NAME AS IT IS LISTED ON YOUR DRIVER'S LICENSE OR GOVERNMENT ISSUED PHOTO ID</b>			
FIRST:	MIDDLE:	LAST:	
<b>REQUIRED: DATE OF BIRTH (MM/DD/YYYY)</b>			
<b>Section 3. Question 11A. If you check YES, you must enter the crime name, degree (if any), state, conviction date, and crime information.</b>			
1. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
3. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
<b>Section 4. Question 11B. If you check YES, you must enter the PENDING charge name, degree (if any), state, and crime information.</b>			
1. CRIME NAME	DEGREE (IF ANY)	STATE	
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			
<hr/>			
2. CRIME NAME	DEGREE (IF ANY)	STATE	CONVICTION DATE (MM/DD/YYYY)
Other crime information: <input type="checkbox"/> Attempted <input type="checkbox"/> Conspiracy <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Solicitation <input type="checkbox"/> With Sexual Motivation <input type="checkbox"/> N/A			
DESCRIPTION OF CRIME (REQUIRED WHEN CRIME IS COMMITTED OR CONVICTED OUTSIDE OF WASHINGTON STATE)			

Instructions for Completing the Background Check Authorization form, DSHS 09-653

These instructions provide general directions for completing the Background Check Authorization form. This form is used by multiple DSHS programs to meet varying background check needs. The DSHS oversight program requiring the background check may have additional instructions that you must follow.

**Important:** The requesting entity cannot submit your background check unless ALL required boxes are complete. Required boxes have the word "REQUIRED:" next to the box number. The requesting entity will submit your completed background check through the online Background Check System (BCS).

This form is to be completed by the applicant, the person whose background DSHS is checking.

BOX NO.	INSTRUCTIONS
1	Current Legal Name: List your first, middle, and last name as they are listed on your current Driver's License or other primary photo ID. Accepted government-issued photo ID includes any federal, state, or local government-issued ID, US military ID, US or foreign passport, or federally recognized tribal ID. Write <i>N/A</i> in each field that you do not have a name to enter.
2	Other Alias Names: Print all other first, middle, or last names you have used. Other names include nicknames, birth names, maiden names, etc. If you have not used any other first, middle, or last names, you must enter <i>N/A</i> in the appropriate box. Do not leave any of the boxes blank.
3	Print your date of birth listing the month, day, and year (MM/DD/YYYY).
4	Phone number where you can be reached Monday through Friday between 8:00 AM to 5:00 PM. By checking the box, you are authorizing BCCU to leave a detailed message.
5	By providing your email address and checking the consent box, you are giving BCCU consent to send you confidential and sensitive background check information, including a fingerprint rap sheet (if applicable). BCCU will not mail or email when no background information is found (No Record). Contact BCCU if you have questions.
6	You may choose to provide your Social Security Number. Your Social Security Number helps the Background Check Central Unit (BCCU) match your name and date of birth to existing records in our database and may speed up completion of your background check.
7A	Print your Driver's License or state-issued ID number.
7B	The state where your Driver's License or ID was issued.
8	If you have continuously lived in Washington State without living in another state or country for the last three years (36 months), answer <b>NO</b> . If you have lived in any state or country other than Washington State within the last three years (36 months), answer <b>YES</b> .
9	Print your mailing address where BCCU can send you confidential information such as a copy of your background check results.
10	Print your street address if it is different than your mailing address. If you street address and mailing address are the same, enter <b>SAME</b> .
11A	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , complete Page 2, Section 3, List of Crimes and Pending Charges, of the form by entering the crime name, degree (if any), state, and the conviction date (MM/DD/YYYY). Mark the correct other crime information box or <i>N/A</i> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional convictions, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
11B	You must check <b>YES</b> or <b>NO</b> . If you check <b>YES</b> , you must complete Page 2, Section 4, List of Crimes and Pending Charges, of the form by entering the pending charge name, degree (if any), and state. Mark the correct other crime information box or <i>N/A</i> . If the crime was committed outside of Washington State, provide a brief description. If you need to list additional pending charges, attach additional copies of Page 2, to the form. Include your name and all the required information listed above.
12 – 14	Read each question carefully before answering. You must check <b>YES</b> or <b>NO</b> . <b>Question 14: Permanent means the order was issued either following a hearing or by stipulation of the parties.</b>
15	Read the statements above and sign your name as it is listed in Box 1. If you are not 18 years old, a parent or guardian must sign for you.
16	Enter the month / day / year (MM/DD/YYYY) you signed Box 15.

**Important Information about Answering Self-Disclosure Questions (11A-14):** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Background Check Authorization form unless the question has changed or the previous answer was wrong. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates, and other information exactly as they are listed in those documents.

**Questions about the Background Check Process:** Contact the Background Check Central Unit (BCCU) by email [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or phone at 360-902-0299.

# KITSAP RESIDENCES

2505 SE Mile Hill Dr. Suite 201, Port Orchard, WA 98366-3522 Phone: (360) 876-1470 Fax: (360) 876-2648  
Email: support@kitsapresidences.org

## Reference Check

Prospective employee: Please complete lines 1 through 6 of this form and sign your name on the applicant signature line.

1. To: (Current or former employer)

2. Former Employer's Address:

3. Applicant's Name:

4. Employer's Phone/Fax Number:

5. Job Title:

6. Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

I have applied for employment with Kitsap Residences. I release the company or person named in line 1 above from all liability and authorize them to release all information regarding my employment with them. I also hold Kitsap Residences harmless in acquiring this information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Area below to be completed by Current or Former Employer

Please check one for each question. How would you rate my:

Quality of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Quantity of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Overall job performance?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Working as a team player?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Attendance & Punctuality?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Initiative/motivation?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Why did I leave your employment? \_\_\_\_\_

Would you rehire me? \_\_\_\_\_ Why or why not? \_\_\_\_\_

Do you have any other additional comments regarding my suitability for employment? \_\_\_\_\_

Name of person supplying information: \_\_\_\_\_

Title and relationship to candidate: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Area below to be completed by Current or Former Employer

Please check one for each question. How would you rate my:

Quality of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Quantity of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Overall job performance?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Working as a team player?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Attendance & Punctuality?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Initiative/motivation?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Area below to be completed by Current or Former Employer

Please check one for each question. How would you rate my:

Quality of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Quantity of work?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Overall job performance?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Working as a team player?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Attendance & Punctuality?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Initiative/motivation?	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>

Why did I leave your employment? \_\_\_\_\_

Would you rehire me? \_\_\_\_\_ Why or why not? \_\_\_\_\_

Do you have any other additional comments regarding my suitability for employment? \_\_\_\_\_

Name of person supplying information: \_\_\_\_\_

Title and relationship to candidate: \_\_\_\_\_