

Name (last)	(first)	(middle)										
Address		City State/Zip										
Phone	When could you start working?											
Hours/Days available for work:												
Educational Background: Name of school, City, State, major course of study, diploma or degree												
Employment Background: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Position</th> <th style="width: 30%;">Employer's name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Supervisor</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Position	Employer's name	Address	Phone	Supervisor					
Position	Employer's name	Address	Phone	Supervisor								
Reliable transportation is a requirement to be a Home Care Aide. Will you be able to provide proof of the following:												
Valid Washington State Driver's License	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Current automobile liability insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Clean motor vehicle driving record	yes <input type="checkbox"/>	no <input type="checkbox"/>										
I authorize these references to provide information about me to VNHC												
Name	Relationship to applicant	Phone #'s										
1.												
2.												
3.												
4.												
I understand that any offer of employment will be subject to												
<ul style="list-style-type: none"> ▪ verification of all job qualifications ▪ proof that I am legally authorized to work in the United States ▪ completion of a confidential Washington State Background Inquiry ▪ completion of a tuberculin test ▪ clean driving record 												
Signature of Applicant		Date										

Return this form by mail to: Julie Barcus, HR Liaison, VNHC, 600 Birchwood #100 Bellingham WA 98225
 or via e-mail to: julieb@vnhomecare.org
 or by fax to: 360-752-1092