



Living Care

RETIREMENT COMMUNITY

3801 SUMMITVIEW AVENUE • YAKIMA, WASHINGTON 98902-2794
PHONE (509) 966-6240 • FAX (509) 965-5261 • www.livingcarecenters.com

Celebrating 60 Years – 1958 to 2018
Remembering our Past – Celebrating our Present – Looking to our Future

Thank you for your interest in Living Care Retirement Community as a place of employment. We are a not-for-profit, non-denominational, charitable organization. This is the only campus in the Yakima Valley offering a full range of housing services for the elderly. Our facilities include:

Summitview Healthcare Center; a 24-hour skilled nursing facility – 60 beds

Hillcrest at Summitview – 39 Assisted Living apartments

187 Retirement Apartments for Independent Living

Living Care exists to meet the physical, emotional, and spiritual needs of our residents.

It is our intention to have quality staff that can work together as a team and provide a caring, positive and safe environment for everyone on the campus. One of the steps we have taken to promote this environment is not allowing smoking anyplace on the campus.

If your application shows you are one of the best qualified applicants for an available position, you may expect us to take the following steps:

- Do reference verifications with previous and current employers, or personal reference.
- Contact you for an interview with the department supervisor (when applicable).

Prior to beginning work you will be required to satisfactorily complete a drug test. All employees will be required to have a flu vaccine.

If you are not selected to be interviewed for a position, or if we do not have a current open position, you will not be contacted. Your application will be placed on file and held for 12 months. If during that time an opening occurs for the type of position you have applied for, your application will be considered. Again, you will only be contacted if you are selected to be interviewed.

Please complete the following job application and forms and return them to the Personnel Office. Thanks again for considering Living Care Retirement Community and your interest in being a part of providing quality services to those in need.

Sincerely,

Dennis Malgesini
Administrator

Retirement Apartments – VALLEY VIEW, GABLE VIEW, LIVING VIEW, LIVING COURT, SENIOR VIEW

Assisted Living – HILLCREST AT SUMMITVIEW Skilled Nursing – SUMMITVIEW HEALTHCARE CENTER

A Nonprofit Organization Dedicated to the Care of Our Seniors



**APPLICATION FOR:
General Employment**

Name _____ Date _____
(First Middle Last)

Address _____
(Street City State Zip Code)

Home Phone () _____ Message/Cell Phone () _____

Email _____

Are you 18 or older? yes no Social Security No. _____
(Optional)

How did you decide to apply here? _____

Position of interest? _____ When can you start? _____

Shift Preference _____ Full time Part time

Professional License Number: _____ Date of expiration: _____
(if any)

Referred by _____

Please list any friends, acquaintances or relatives currently employed by Living Care Retirement Community:

Have you previously worked at Living Care Retirement Community? yes no

In what position? _____ Year Worked _____

Under what last name (if different) _____

Education *(Check the box for highest level completed)*

High School: 9 10 11 12 GED: yes no

College: 1 2 3 4 Major Subject: _____

Personal References

Please list the name and phone number of 2 or 3 people, other than former employers or relatives, who have definite knowledge of your work:

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

Employment Record

Dates		Employer	Supervisor-Phone	Position	Reason for Leaving
1. From	Name	Supervisor	Position	Reason for Leaving	
To	Address	Phone			
2. From	Name	Supervisor	Position	Reason for Leaving	
To	Address	Phone			
3. From	Name	Supervisor	Position	Reason for Leaving	
To	Address	Phone			
4. From	Name	Supervisor	Position	Reason for Leaving	
To	Address	Phone			
5. From	Name	Supervisor	Position	Reason for Leaving	
To	Address	Phone			

May we contact your current employer? yes no Does not apply

In your last three positions, please describe:

1. _____ Company Name	2. _____ Company Name	3. _____ Company Name
Your duties: →	→	→
What did you like best about working there? →	→	→
What did you like least about working there? →	→	→
Describe your supervisor at each job. →	→	→
Why did you leave? →	→	→

In order for us to become better acquainted with you, and to compare your qualifications and experience with other applicants, please share the following information about yourself:

Why are you interested in this position at this time? _____

What do you know about Living Care Retirement Community? _____

Describe an active relationship you have had with an elderly person, on or off the job: _____

How do you react when things go wrong? When people are upset? _____

What do you consider your strengths to be? _____

What do you consider your weakness to be? _____

When have you worked your hardest? How did you feel about it? _____

Have you worked evenings, nights or weekends in the past? _____

How well did you do in school? _____

What are your goals for the next five years? _____

How many days have you been absent from work in the last 12 months? _____

How many times were you late during the same period? _____

When we contact your work references, will they mention any problem areas? _____

Anything else you would like us to know about you? _____

Do you have any experience in caring for elderly people? yes no

If yes, please describe: _____

Do you anticipate any absence from your work schedule in the foreseeable future? yes no

If yes, when and for how long? _____

I understand that acceptance of an offer of employment does not create a contractual obligation upon Living Care Retirement Community to continue to employ me in the future. Employment with LCRC is at will; employment may be terminated by the employer or employee at any time, without restriction.

I authorize the references and representatives of previous employers to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you.

All of the information I have supplied during the application process is a full and complete statement of the facts, it is understood that if any falsification be discovered, it will constitute grounds for termination of employment upon the discovery thereof.

I understand Living Care is a non-smoking campus and that as a pre-condition of employment I will be required to pass a criminal background check and a drug test. I also understand that if employed I will be required to receive a flu vaccine during flu season and complete required TB testing.

Living Care Retirement Community is a non-profit, non-denominational organization dedicated to providing quality housing, care and services to the elderly in a Christian atmosphere of warmth, hope and security. We believe in the worth and dignity of each individual and that their life has meaning and purpose. Our philosophy of caring is holistic in that we seek to meet the total needs of the person. Our care includes addressing their physical, emotional and spiritual needs.

Signature of Applicant

Date

We appreciate you taking the time to complete this application. Thank you.

AUTHORIZATION TO RELEASE INFORMATION

Instructions to applicant: Please print name below, sign and date

I give my permission to release any and/or all information

Print Name

Applicant's signature

Date

Instructions to employer: Please complete the following

Dates of employment: From _____ To _____

Why did applicant leave your employment? _____

Eligible for rehire? Yes _____

No _____ Please explain _____

Circle one on each line

Attendance	U	S	E	O	Key:	U = Unsatisfactory
Job Performance	U	S	E	O		S = Satisfactory
Attitude	U	S	E	O		E = Excellent
Dependability	U	S	E	O		O = Outstanding

Additional remarks _____

Company name _____

Signature

Title

Date

Faxing and Mailing Instructions

Living Care Retirement Community
3801 Summitview Ave, Yakima, WA 98902-2794
Contact Phone (509) 965-5244
Fax (509) 853-3095

Living Care Representative (name and title)

Date

PRE-EMPLOYMENT VERIFICATION

(for employer use)

Check Washington State OBRA Registry for all NAC/NAR's and if has been in Washington State less than 5 years, prior state registry must be checked. If any applicant has ever been licensed in another state licensing must be verified.

Date: _____ State: _____ License #: _____

EMPLOYERS CURRENT AND PREVIOUS

Today's Date: _____ Dates Employed: _____ Name of Employer _____

Contact Name: _____ Rehire: Yes _____ No _____

Comments: _____

Today's Date: _____ Dates Employed: _____ Name of Employer _____

Contact Name: _____ Rehire: Yes _____ No _____

Comments: _____

Today's Date: _____ Dates Employed: _____ Name of Employer _____

Contact Name: _____ Rehire: Yes _____ No _____

Comments: _____

Today's Date: _____ Dates Employed: _____ Name of Employer _____

Contact Name: _____ Rehire: Yes _____ No _____

Comments: _____

Today's Date: _____ Dates Employed: _____ Name of Employer _____

Contact Name: _____ Rehire: Yes _____ No _____

Comments: _____

PERSONAL REFERENCES

Today's Date: _____ Name of Contact: _____

Comments: _____

Today's Date: _____ Name of Contact: _____

Comments: _____

Today's Date: _____ Name of Contact: _____

Comments: _____
