

Application for Employment

We are an Equal Opportunity Employer



1101 West College Avenue
Spokane, WA 99201-2095

509.324.1500 | TEL
509.324.1464 | TDD
www.SRHD.org

Instructions:

1. Please print or type.
2. Submit this application for one position only.
3. This application must be completed in detail to be considered.
4. Resume is welcome, but it cannot be used as a substitute for a completed application.
5. Please be thorough. The completeness and relevance of information may determine whether you will be selected.

Today's Date: _____

Title of Position Desired: _____

Personal Information

Name: _____ Home Phone: _____

Address* _____ Work/Msg. Phone: _____

City, State, Zip: _____ Social Security#: (optional) _____

*If at current address less than 2 years, please list previous address(es): _____

Referred by: Newspaper Ad Agency (name): _____ SRHD Bulletin
 On Own Accord Employee (name): _____ SRHD Website
 Other, please list: _____

Do you have any relatives employed at the Health District? Yes No

If yes, please indicate name and relationship: _____
(Information will be used for business reasons, i.e., conflict of interest.)

Are you a former or current SRHD/SCHD employee? Yes No

If yes, please indicate position and dates of employment: _____

Work Preferences/Abilities

Available for: Full Time Part Time Temporary/Project Intermittent

Which is your preference? _____ Date available for work: _____

Have you, within the last eight years, been convicted of an offense involving drugs, narcotics, theft, inflicting bodily injury or a sex-related offense? Yes No

Have you been found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board to have sexually assaulted or exploited any minor or developmentally disabled adult? Yes No

If yes* to either of the above questions, please explain: _____

*A yes answer will not necessarily eliminate the possibility of employment with the District.

Educational Background

Circle highest grade of education completed: **High School:** 9 10 11 12 GED **College:** 1 2 3 4 **Post Grad:** 5 6

Please indicate High School, Vocational/Business schools, College/Universities attended:

Name of School & Location	No. Years Attended	Hours Completed Semester/Quarter	Major or Subjects Taken	Graduated Yes/No	Degree

Qualifications: Describe how you meet the minimum/desired skills for the position applied for:

Volunteer Experience:

Please list any volunteer experience or any hobbies that you believe to be relevant to the position for which you are applying. Please list total number of hours devoted to the activities. Include activities but not names of organizations that may indicate membership based on race, sex, national origin, marital status, age, disability or religion.

Military Experience

Not Applicable Active Reserve National Guard Retired

If served within the last eight years or prior to 5/6/75, do you wish to claim Veteran's Preference? Yes No
 (If yes, please complete a Veteran's Preference form.)

Professional Registration/Licensing

Type of Registration/License	State	Number	Date Issued	Date of Expiration

If you do not have a current Washington registration/license, have you applied for it? Yes No

If an examination is required, on what date are you scheduled to take the exam? _____

Driver's License (Complete only if required for the position for which you are applying.)

Do you have a valid Driver's License? Yes No

Do you have transportation with insurance available for use at work? Yes No

Employment History Work backwards from present or most recent employer first. (Please include volunteer employment and internships.)

Name of Company: _____ Phone No.: _____ Address: _____ Job Title: _____ Supervisor: _____ Job Duties: _____ _____ Reason for leaving: _____ No. Employees Supervised: _____	From (MO/YR) _____ To (MO/YR) _____
	Hrs/Week: _____
	Total Months Employed: _____
	Type of Business: _____
	Different Last Name Used: _____
Name of Company: _____ Phone No.: _____ Address: _____ Job Title: _____ Supervisor: _____ Job Duties: _____ _____ Reason for leaving: _____ No. Employees Supervised: _____	From (MO/YR) _____ To (MO/YR) _____
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	Hrs/Week: _____
	Total Months Employed: _____
	Type of Business: _____
	Different Last Name Used: _____

If you have held more positions, please use Supplemental Employment History form.

Unemployment Please account for any periods of unemployment:

Dates: _____ Reasons: _____

My initials and signature in the statements below indicate that I have read and understand the statements.

I understand that my employment with Spokane Regional Health District will be contingent upon proof of identity and verification of eligibility in the United States in accordance with the Immigration Reform and Control Act of 1986.

Initials _____

I understand that my employment is contingent upon checking of references. I authorize SRHD to contact my current and previous employers regarding my work performance as well as any personal references furnished by me. I release all parties and persons connected with the request from any liability in sharing factual and pertinent information that may be of assistance in determining my job suitability in the position(s) available with the Health District.

Further, I understand that as part of the application /employment process, my background may be checked by the Washington State Patrol and/or FBI for any criminal history information.

Initials _____

I understand that upon hire, my first six months of employment will be considered a period of initial evaluation, during which time my job performance and job suitability will be evaluated.

Initials _____

I certify by my signature that the information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that any falsified and misleading statements on this application may be cause for rejection of my application, removal of my name from a register, or dismissal, if employed.

Initials _____

***Thank you for your interest in
Spokane Regional Health District.***