



Employment Application

Today's Date: _____

TITLE OF POSITION

JOB NUMBER

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Instructions: Type or legibly print this application. This application must be completed in its entirety and signed to be considered for employment with the Spokane Regional Health District. Information submitted on the application is subject to verification. A completed application must be submitted for each vacant position for which you are applying. A resume is welcome, but it cannot be used as a substitute for a completed application.

GENERAL INFORMATION

Last Name	First Name	Middle Name or Initial	
Mailing Address	City	State	Zip Code
Home Phone ()	Cell Phone ()	Work/Message Phone ()	

May we contact you via email? Yes No
 Email Address: _____

How did you learn of this position opening?
 Health District Web Site: _____ Current Employee (name): _____
 Other Web Site (name source): _____ Job Posting (where): _____
 Newspaper (name): _____ Other (name source): _____

Do you have any relatives employed at the Health District? Yes No
 If yes, please indicate name and relationship: _____
 (This information will be used for business purposes, 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: _____
 Please check any of the following that influenced your decision to reapply at the health district:
 Benefits Pay Work Environment Other: _____

Type of employment desired: Full Time Part Time Temporary/Project Intermittent

Please list 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 last two 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	Semester/Quarter Hrs Completed	Major or Subjects Taken	Graduated Yes/No	Degree Title

QUALIFICATIONS:

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

Skills: List other job related skills or training you possess, including fluency in language(s) other than English. Please indicate skill level (basic, intermediate or advanced) for each:

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:

PROFESSIONAL LICENSES/CERTIFICATES

Type of License/Certificate	State	Number	Date Issued	Expiration Date

<p>Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State:</p>
<p>Veterans' Preference: If you have served in the Armed Forces of the United States you may be eligible for Veterans' Preference. Please read the eligibility requirements on the "Veterans' Preference Application" form. Do you claim veterans' preference? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the Veterans' Preference form and provide documents to verify eligibility such as a DD 214 or other type of service discharge record.)</p>

EMPLOYMENT HISTORY

Use this section to list all work experience starting with the most recent. Indicate relevant volunteer/ internship experience. Be as complete as possible in outlining the duties of each position. Failure to do so may affect the credit you receive for experience.

Employer:	Type of Business/Agency:	
Address:	From (Mo/Yr)	To (Mo/Yr)
Supervisor:	Phone #:	
Job Title:	Hrs/Week:	
Number of Employees Supervised:	Different Last Name Used:	
Reason for Leaving:	Ending Salary:	
Duties: _____ _____ _____ _____		
Employer:	Type of Business/Agency:	
Address:	From (Mo/Yr)	To (Mo/Yr)
Supervisor:	Phone #:	
Job Title:	Hrs/Week:	
Number of Employees Supervised:	Different Last Name Used:	
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Reason for Leaving:	Ending Salary:	
Duties: _____ _____ _____ _____		

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

Unemployment: Please account for any periods of unemployment (list dates and reasons): _____

My signature for each statement below indicates that I have read and understand each statement.

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

Signature: _____ **Date:** _____

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 any/all of the following for any criminal history information: Washington State Patrol; F.B.I.; or any Background Check company.

Signature: _____ **Date:** _____

I understand that upon hire, my first six months of employment will be considered "at will" and during that time my job performance and job suitability will be evaluated.

Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____

Thank you for your interest in Spokane Regional Health District!

Only applicants receiving an invitation for an interview will be contacted further. If you are selected for an interview, you will be notified by telephone. It typically takes two to three weeks after the position closes before interviews are scheduled. For information on other opportunities at SRHD, call our 24 hour employment hotline at 324-1506 or visit our website at www.SRHD.org.

Spokane Regional Health District • Human Resource Services

1101 W. College Avenue, Room 345, Spokane, WA 99201

www.srhd.org

Phone: (509) 324-1558 | Fax: (509) 324-3604 | TDD: (509) 324-1464 | 24-Hour Job Hotline: (509) 324-1506