

Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position Applying For:	Salary Desired	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Website <input type="checkbox"/> Other _____		

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number(s)		Reliable E-Mail Address

Have you ever filed an application with us before? No Yes; Date: _____

Have you ever been employed with us before? No Yes; Date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Relief / On-Call Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted or pled no contest to any criminal offense? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, indicate nature of offense, date, court & disposition. _____

Is there anything that will interfere with your ability to perform, on a regular basis, the essential duties of the job for which you are applying? Yes No

If Yes, please explain: _____

Employment Experience

Start with your present or last job. Include any 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.

1. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Reference Contact from this Employer:				
2. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Reference Contact from this Employer:				
3. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Reference Contact from this Employer:				
4. Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Reference Contact from this Employer:				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that if I am employed, discovery that I gave false information during the application process may result in my immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Seattle Children's Home or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize Seattle Children's Home to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release the agency from any liability for future references it may provide regarding my work history with Seattle Children's Home.

Should I become employed by the Seattle Children's Home, I agree to abide by all of its present and subsequently issued policies. In the event that I leave the employment of SCH, I agree to deliver my resignation to my supervisor in accordance with current personnel policies. I understand and agree that at no time, whether I am an employee of SCH or not, will I reveal information regarding patients of SCH to anyone other than those authorized to receive it, and that giving of such information to unauthorized individuals is unlawful and will be sufficient cause for immediate dismissal.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Seattle Children's Home or myself. I understand that no representative of Seattle Children's Home, other than the Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Seattle Children's Home advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return Seattle Children's Home property, Seattle Children's Home is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature of Applicant

Date