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TITLE OF POSITION



Snohomish Health District  
3020 Rucker Ave., Suite 306  
Everett, WA 98201-3900  
425-339-5210  
425-339-5216 fax

# Employment Application

First Name		Middle Init.	Last Name			
Street Address		City	State	Zip	Last 4 of Social Security # <b>XXX-XX-</b>	
Driver's License Information		Phone (Home)		Phone (Work)	Phone (Message)	
License #	State	Type	Expiration Date			
Are you an employee of Snohomish Health District?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Personal E-mail Address
Have you ever been employed by Snohomish Health District?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have relatives employed by Snohomish Health District?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please indicate name and relationship:						
<input type="checkbox"/> Yes	Have you been released from prison for, or convicted of, a felony within the last 10 years? Note: <i>The existence of a criminal record does not constitute an automatic bar to employment.</i>					
<input type="checkbox"/> No						

## EDUCATION

High School Graduate/GED							Yes <input type="checkbox"/>	No <input type="checkbox"/>
College – Names of Colleges or Universities	Major	Dates Attended		Full Years Completed	Degrees Conferred		Credit Hours	
		From	To		Title	Date		
List Your Chief Undergraduate College Subjects				Credit Hours	List Your Chief Graduate College Subjects			Credit Hours

List any special licenses and certifications you hold which are necessary or useful in this position and any vocational or on-the-job training you have completed. (Give kind of license, issuing state, and expiration date.)

<b>Nursing License Information</b>		
License #	State	Expiration Date
<b>Washington State Counselor Registration Information</b>		
Registration #	Expiration Date	
<b>Other License, Registration, Certification Information (if applicable)</b>		

## EXPERIENCE

Use this section to list all work experience starting with current employment or most recent if not currently employed. Indicate appropriate volunteer 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.**

Employed by: (Agency or firm)	Your Job Title:	
Address:	Your Duties:	
City & State:		
Supervisor:	Phone #:	
Supervisor's Title:		
Employed From: (Mo./Yr.)	To: (Mo./Yr.)	
Starting Salary: \$	Final: \$	Avg. hrs./wk.
Reason for Leaving:		
Number of Employees Supervised:		

Employed by: (Agency or firm)	Your Job Title:	
Address:	Your Duties:	
City & State:		
Supervisor:	Phone #:	
Supervisor's Title:		
Employed From: (Mo./Yr.)	To: (Mo./Yr.)	
Starting Salary: \$	Final: \$	Avg. hrs./wk.
Reason for Leaving:		
Number of Employees Supervised:		

Employed by: (Agency or firm)	Your Job Title:	
Address:	Your Duties:	
City & State:		
Supervisor:	Phone #:	
Supervisor's Title:		
Employed From: (Mo./Yr.)	To: (Mo./Yr.)	
Starting Salary: \$	Final: \$	Avg. hrs./wk.
Reason for Leaving:		
Number of Employees Supervised:		

Employed by: (Agency or firm)	Your Job Title:	
Address:	Your Duties:	
City & State:		
Supervisor:	Phone #:	
Supervisor's Title:		
Employed From: (Mo./Yr.)	To: (Mo./Yr.)	
Starting Salary: \$	Final: \$	Avg. hrs./wk.
Reason for Leaving:		
Number of Employees Supervised:		

## PROFESSIONAL REFERENCES

(Teachers, Co-workers, Volunteer experiences)

Name	Occupation	Address	Home Phone	Business Phone

What languages (other than English) do you speak? \_\_\_\_\_

## AUTHORIZATION AND CERTIFICATION

I authorize the Snohomish Health District, at the time of my application for employment or during the course of employment, to investigate and verify information contained in this application as it relates to the position for which I am being considered or in which I may be employed. This includes authorization to conduct reference checks, conduct credit checks, and background investigations.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information may bar me from selection activities and employment and, if employed, will be cause for dismissal from the Snohomish Public Health District.

Date: \_\_\_\_\_

Signature: **X** \_\_\_\_\_

## EQUAL OPPORTUNITY EMPLOYER

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Last 4 of Social Security # **XXX-XX-**\_\_\_\_\_  Age over 40

**Sex**

**Ethnicity (Check only one.)**

Female

Black or African American (Not Hispanic or Latino)

Caucasian (White) (Not Hispanic or Latino)

Male

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian/Alaskan Native\* (Not Hispanic or Latino)

Hispanic or Latino

Other (Please Specify) \_\_\_\_\_

Two or More Races (Not Hispanic or Latino)

\* As set forth in EEOC Form 164, (EEO-4): Proof of tribal affiliation is required.

Person w/Disability

In accordance with the Americans with Disabilities Act, an employer is obligated to make an accommodation only to the *known* limitations of an otherwise qualified individual with a disability. In general, it is the responsibility of the applicant or employee with a disability to inform the employer that an accommodation is needed to participate in the application process, to perform essential job functions or to receive equal benefits and privileges of employment. An employer is not required to provide an accommodation if unaware of the need. We appreciate your completing the following information, which is used by our department for statistical purposes only.

The Snohomish Health District gives Veteran's Preference to those individuals who have been honorably released, within the last 8 years, from active military duty. (If you wish to claim Veteran's Preference, ALL of the following questions must be answered, and a copy of DD Form 214 must be submitted with the application for employment.)

Do you wish to claim Veteran's Preference? Yes  No  Were you honorably discharged from Active Military Service? Yes  No

Dates of Active Service: From: (Month/Year)\_\_\_\_\_ To: (Month/Year)\_\_\_\_\_ Are you receiving any Military Retirement payments? Yes  No

## HOW DID YOU LEARN OF THIS POSITION OPENING?

Health Dept. Web Site: \_\_\_\_\_

Current Employee: \_\_\_\_\_

Web Site: (Name Source) \_\_\_\_\_

Job Posting: (Where) \_\_\_\_\_

Newspaper: Name \_\_\_\_\_

Other: (Name source) \_\_\_\_\_

Employee Referral: \_\_\_\_\_