

# NORTHWEST CHILDREN'S HOME, INC.

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

PO Box 1288 Lewiston ID 83501  
(208) 746-1601

Each question should be answered fully and accurately. Please do not use a "see resume" reference. No action can be taken on this application until all questions have been answered. PLEASE PRINT except for signature on the last page of the application. All information given will be available only to persons who have a "need to know" or as required by law.

Position Applied For
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____
Name (Last, First, Middle)
Address (Street, City, State, Zip)
Phone (   )

<b>FOR DRIVING JOBS ONLY</b> Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No   License # _____   State Issued _____
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If under 21 years of age, please list your birth date \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you available to work?    Full time    Part-time    Flex (on call)

Are you lawfully authorized to work in the United States?    Yes    No  
Proof of citizenship or immigration status will be required up upon employment.

All persons offered employment will be required to have a pre-employment drug test with a negative result.

Have you been convicted of any criminal offense other than minor traffic violations?    Yes    No  
Conviction will not necessarily disqualify applicant from employment. All hires will be fingerprinted in accordance with Idaho State Law.

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

If you are applying for a residential treatment specialist position, do you have a minimum of a high school diploma or equivalency?  
 Yes    No

**Please list all family members currently employed by Northwest Children's Home, if any.**

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
SCHOOL NAME		
CREDIT HOURS COMPLETED		
DEGREE RECEIVED		
DESCRIBE COURSE OF STUDY  List job related specialized training, certification and licensures		

## EMPLOYMENT EXPERIENCE

Employer	Phone (   )	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
Address				
Job Title		HOURLY RATE /SALARY		
		STARTING	FINAL	
Supervisor				
Reason For Leaving				

May We Contact For References?  Yes  No  Later

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		FROM	TO	
Address				
Job Title		HOURLY RATE /SALARY		
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		STARTING	FINAL	
Supervisor				
Reason For Leaving				

May We Contact For References?  Yes  No  Later

### REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS

NAME	ADDRESS	PHONE

## **CERTIFICATION**

**I UNDERSTAND THAT ANY JOB OFFER THAT MAY BE EXTENDED TO ME WILL BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A TEST FOR ILLEGAL DRUGS.**

The employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, credit record, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize Northwest Children's Home to release to any person, firm, entity or organization with whom I may seek employment in the future, any truthful information concerning my work experience with Northwest Children's Home. I hereby release and hold Northwest Children's Home harmless from any claim for releasing any truthful information within its knowledge and/or records.

**I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.**

**Signature of Applicant**

**Date**

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*This application is current only for sixty days, at the conclusion of which time, if you have not heard from Northwest Children's Home and still wish to be considered for employment, it will be necessary for you to fill out a new application.*