

NORTHWEST CHILDREN'S HOME, INC. APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

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 () _____

FOR DRIVING JOBS ONLY Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ State Issued _____

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

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

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.