



Application For Employment

Northwest Children's Home, Inc. is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name	Other Names Used		
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Address	City	State	Zip
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Phone Number	Mobile Number	Email Address
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Are you at least 21 years of age? (If not, do you have a minimum of associate's degree and at least 19 years of age?) Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of Any Criminal Offense Other Than Minor Traffic Violations? <i>Conviction will not necessarily disqualify applicant from employment. All hires will be fingerprinted in accordance with Idaho State Law. Please visit the Idaho Criminal History Unit webpage for a list of disqualifying offences.</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:
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If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?
All persons offered employment will be required to have a pre-employment drug test with a negative result.
Yes

Position

Position You Are Applying For	Available Start Date	Desired Pay
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Employment Desired Full Time Part Time Flex (on call)

Family Members

Please list <u>all</u> family members currently employed by Northwest Children's Home, if any.	Name(s)
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How did you hear about us?

Indeed NCH Website Current Employee
Previous Employee Other _____

Education

Do you have a minimum of a high school diploma or equivalence? Yes No

School Name	Location	Years Attended	Credits Received	Degree Received	Major

References - Must not be related to you. Licensing rules require three references be contacted.

Name	Email Address	Phone

Employment History

Employer (1)	Starting Pay Rate	Job Title		Hire Date
Work Phone	Ending Pay Rate	Work Performed		Termination Date
Address	City	State	Zip	Supervisor
Reason For Leaving:		May We Contact? Yes: <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		

Employer (2)	Starting Pay Rate	Job Title		Hire Date
Work Phone	Ending Pay Rate	Work Performed		Termination Date
Address	City	State	Zip	Supervisor
Reason For Leaving:		May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		

Employer (3)	Starting Pay Rate	Job Title		Hire Date
Work Phone	Ending Pay Rate	Work Performed		Termination Date
Address	City	State	Zip	Supervisor
Reason For Leaving:		May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>		

Referral Source

If referred by a current employee of Northwest Children's Home, please enter their name here:	Name or Employee ID #
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Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	



Application For Employment

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, organization 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

Name (Please Print)

Signature

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.