## Whatcom Alliance for Health Advancement **Employment Application**

Position applied for:		Toda	y's Date:					
Please complete this application be even if submitting your resume. U					mplete all ap	plicatio	on questions,	
Name (Last)	(First)		(M.I.	1				
ivaille (Last)	(1 1131)		(101.11	.)				
Address (Street)	((	City)		(St	ate)	(Zip	)	
, ,	,	• ,		`	,	` .	,	
Telephone (Day)	(Evening)			(Me	ssage)			
Optional: (Cell)	(E-mail)							
Do you have the legal right to work in the U.S.?  Note: All employment offers are contingent upon proof of eligibility to work in the U.S.								
Have you been convicted of a felony or released from prison within the last seven (7) years?								
Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.								
Are you related to any current emp	oloyee of WAHA?		Yes	☐ No	1			
Have you ever worked for WAHA?			☐ Yes ☐ No If yes, when?					
Education		T						
Type of School	School & Location		e Years pleted	Degree/Certificate		e		
High School								
College or University Studies								
Graduate School								
Business or Tech. School								
Other Relevant Training or courses								
License/Registration/Certificate								
Description			St	ate	Numb	er	Expiration	



Work History		
List experience which relates to the qualification recent experience. List all jobs separately information required in this section. Réscompleting the application.	and identify gaps in employment. A rés	sumé will not substitute for the
FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	TREGERY EIN EGYETA.
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER?		PHONE:
FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER?  ☐ Yes ☐ No		PHONE:
FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY: \$		



REASON FOR LEAVING:

MAY WE CONTACT THIS EMPLOYER?

PHONE:

Additional qualifications, experience, or info	rmation you would like to sha	re (volunteer, interi	nship, etc.):		
Professional References					
Name	Company	Relationship	Phone		
I hereby certify that all statements made in this a understand that any misstatement or omission of employment with Whatcom Alliance for Healthca	of material fact will cause forfeitu	re on my part of all r	ights of		
information from my past employers and release investigation or the supplying of information for which means that either the employee or the color without reason, advance notice or warning.	e both parties from any claims of such investigation. Finally, I ack	f liability arising from knowledge that my el	such inquiry and mployment is at-will		
SIGNATURE:	DATE:				

