

Whatcom Alliance for Health Advancement Employment Application

Position applied for: _____ Today's Date: _____

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional paper if more space is required.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	(Message)
Optional: (Cell)	(E-mail)	
Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> N <i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>		
Have you been convicted of a felony or released from prison within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>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.</i>		
Are you related to any current employee of WAHA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for WAHA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		

Education			
Type of School	School & Location	Indicate Years Completed	Degree/Certificate
High School			
College or University Studies			
Graduate School			
Business or Tech. School			
Other Relevant Training or courses			

License/Registration/Certificate			
Description	State	Number	Expiration

Work History

List experience which relates to the qualification as required on the Job Announcement. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A résumé will not substitute for the information required in this section.** Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

FROM	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
ENDING SALARY: \$		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:

Additional qualifications, experience, or information you would like to share (volunteer, internship, etc.):

Professional References			
Name	Company	Relationship	Phone

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment with Whatcom Alliance for Healthcare Access (WAHA). I hereby authorize WAHA to solicit and receive information from my past employers and release both parties from any claims of liability arising from such inquiry and investigation or the supplying of information for such investigation. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice or warning.

SIGNATURE: _____

DATE: _____