

# APPLICATION FOR EMPLOYMENT

Chelan-Douglas Health District  
 0200 Valley Mall Parkway  
 East Wenatchee, WA 98802  
 (509) 886-6400  
 (509) 886-6450 Environmental Health

We employ without discrimination because of race, color, religion, sex, national origin, creed, marital status, age, Vietnam era or disabled veterans status, or the presence of any sensory, mental or physical handicap.

**(PLEASE PRINT)**

|                         |                     |
|-------------------------|---------------------|
| Position(s) Applied for | Date of Application |
|-------------------------|---------------------|

|                                     |                         |                         |
|-------------------------------------|-------------------------|-------------------------|
| Last Name                           | First Name              | Middle Name             |
| Address <i>Number</i> <i>Street</i> | <i>City</i>             | <i>State</i> <i>Zip</i> |
| Telephone Number(s)                 |                         |                         |
| (Work) _____                        | (Home or Message) _____ | (Cell) _____            |

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  Yes     No

Have you ever filed an application with us before? .....  Yes     No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes     No

If Yes, give date \_\_\_\_\_

Are you currently employed? .....  Yes     No

May we contact your present employer? .....  Yes     No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?  Yes     No  
*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? ..... \_\_\_\_\_

Are you available to work:                       Full Time                       Part Time                       Temporary

Are you willing to work:                       Evenings                       Weekends                       Holidays

Can you travel if a job requires it? .....  Yes     No

Have you ever been convicted of a felony? .....  Yes     No  
*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime against persons? .....  Yes     No  
*Conviction will not necessarily disqualify an applicant from employment*

If Yes, please explain \_\_\_\_\_

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|                       | Name and Location of School | Course of Study | Dates Attended | Diploma/Degree |
|-----------------------|-----------------------------|-----------------|----------------|----------------|
| High School or GED    |                             |                 |                |                |
| Undergraduate College |                             |                 |                |                |
| Graduate Professional |                             |                 |                |                |
| Other (Specify)       |                             |                 |                |                |
| Other (Specify)       |                             |                 |                |                |

| Indicate any foreign languages you can speak, read and/or write |        |      |      |
|---|--------|------|------|
|   | Fluent | Good | Fair |
| Speak   |        |      |      |
| Read  |        |      |      |
| Write   |        |      |      |

| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |
|--|
|  |
|  |
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|  |

| Specialized Skills and /or Licenses if Applicable  |   |   |
|--|---|---|
| <input type="checkbox"/> Registered Nurse<br><input type="checkbox"/> Licensed Practical Nurse<br><input type="checkbox"/> Registered Sanitarian | <input type="checkbox"/> Registered Environmental Health Specialist<br><input type="checkbox"/> Environmental Health Specialty Certification<br><hr/> (Please list) | <input type="checkbox"/> Calculator<br><input type="checkbox"/> Key Boarding ( _____ WPM)<br><input type="checkbox"/> Computer Knowledge – In the additional information box below, please list programs you have used in recent years (i.e., specific Microsoft Office Products, Adobe Products, etc.) |

| State any additional information you feel may be helpful to us in considering your application. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |

| Professional References   |
|---|
| 1. (Name) _____ (Phone Number) (     ) _____<br>(Address) _____ |
| 2. (Name) _____ (Phone Number) (     ) _____<br>(Address) _____ |
| 3. (Name) _____ (Phone Number) (     ) _____<br>(Address) _____ |

## Employment History

Begin with your current or most recent job. You may include military service assignments and volunteer activities. You may exclude organizations for which you volunteered which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                     |            |                |    |                |
|---------------------|------------|----------------|----|----------------|
| Employer            |            | Dates Employed |    | Work Performed |
| Address             |            | From           | To |                |
| Telephone Number(s) |            |                |    |                |
| Job Title           | Supervisor | Final Salary   |    |                |
| Reason for leaving  |            |                |    | /Month         |
|                     |            |                |    | /Week          |
|                     |            |                |    | /Hour          |
| Employer            |            | Dates Employed |    | Work Performed |
| Address             |            | From           | To |                |
| Telephone Number(s) |            |                |    |                |
| Job Title           | Supervisor | Final Salary   |    |                |
| Reason for leaving  |            |                |    | /Month         |
|                     |            |                |    | /Week          |
|                     |            |                |    | /Hour          |
| Employer            |            | Dates Employed |    | Work Performed |
| Address             |            | From           | To |                |
| Telephone Number(s) |            |                |    |                |
| Job Title           | Supervisor | Final Salary   |    |                |
| Reason for leaving  |            |                |    | /Month         |
|                     |            |                |    | /Week          |
|                     |            |                |    | /Hour          |
| Employer            |            | Dates Employed |    | Work Performed |
| Address             |            | From           | To |                |
| Telephone Number(s) |            |                |    |                |
| Job Title           | Supervisor | Final Salary   |    |                |
| Reason for leaving  |            |                |    | /Month         |
|                     |            |                |    | /Week          |
|                     |            |                |    | /Hour          |
| Employer            |            | Dates Employed |    | Work Performed |
| Address             |            | From           | To |                |
| Telephone Number(s) |            |                |    |                |
| Job Title           | Supervisor | Final Salary   |    |                |
| Reason for leaving  |            |                |    | /Month         |
|                     |            |                |    | /Week          |
|                     |            |                |    | /Hour          |

If you need additional space, please continue on a separate piece of paper.

If the position for which you have applied will have unsupervised access to children under 16 years of age or to developmentally disabled persons, pursuant to RCW 43.43.834, you are requested to provide the following information in connection with your employment:

Have you ever been found by any criminal or civil court, or any disciplinary board final decision or in any final decision of the director of the Department of Licensing to have sexually assaulted, abused or exploited any minor or to have physically abused any minor?

.....  Yes  No

If Yes, please provide the details of the conviction or decision, the date of conviction or decision, and the court, board or department in which you were convicted or the decision was made.

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, understand all statements I make in response to this question are subject to investigation and verification prior to appointment. The Health District may require fingerprints to make an inquiry to the Washington State Patrol or an equivalent law enforcement agency in order to verify any record for convictions of offenses, adjudications of child abuse in a civil action or disciplinary board final decision.

I do hereby certify, under penalty of perjury, that my responses to this question are true and correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that the information given by me to Chelan-Douglas Health District is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information will result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Chelan-Douglas Health District's interest or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize Chelan-Douglas Health District to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release Chelan-Douglas Health District from any liability for future references it may provide regarding my work history at the firm. I understand that an investigative consumer report may be obtained through personal interviews with my neighbors, friends or associates. If I am refused employment on the basis of such a report upon written request from me within a reasonable time, I have a right to a complete and accurate disclosure of the nature and scope of the investigations requested by Chelan-Douglas Health District.

If employed, I further agree that if Chelan-Douglas Health District advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Two signatures are required to be considered for employment.**

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