

Neighborhood House is an equal opportunity employer and encourages applications from all persons. Auxiliary services are available upon request to individuals with disabilities. TDD/Washington Telecommunications Relay Service: 800.833.6384.

APPLICATION INSTRUCTIONS

To be considered for a position with Neighborhood House, please clearly print or type your response on the application form. All applicable sections should be completed. Please include your cover letter and resume if available or required by the position.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Are you legally authorized to work in the U.S.? Yes No		

POSITION

Position Applying for	Date Available to start	How did you learn about this position?
Have you ever applied for a job at Neighborhood House before? If yes, what position? Yes No	Have you read the job requirements? Yes No	Do you understand the job requirements? Yes No
Have you ever been employed by Neighborhood House? If yes, what position? Yes No		
Do you have a family member or relative currently employed or a member of the Board of Trustee or Board Committee for Neighborhood House? If yes, please provide name and position: Yes No		

EDUCATION AND TRAINING (Most recent first)

Name and Location	Graduate	Degree & Number of Years Attended	Major or Subject
	Yes No		
	Yes No		
	Yes No		
	Yes No		
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

EMPLOYMENT HISTORY (Most recent first) This section must be completed in detail. Your resume will not substitute for a completed application unless the job posting indicates. If extra space is needed, please attach additional sheets.

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
		May We Contact This Employer? Yes No

Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? Yes No
Please list other activities which have provided you with experience, training or skills which you feel would be helpful in a position with Neighborhood House		
Give dates and explain all periods of unemployment during the last 10 year.		

REFERENCES

Professional	Job Title/Organization	Phone Number
Professional	Job Title/Organization	Phone Number
Professional	Job Title/Organization	Phone Number
Personal	Job Title/Organization	Phone Number
Personal	Job Title/Organization	Phone Number

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- I certify that all the information provided on my application are true, correct, and complete. I understand that and agree that any omission, false statement, misleading statement, or answer made by me on my information or any supplements to it and in interviews may be considered sufficient grounds for rejection of employment and my discharge after employment.
- I understand that, upon an offer of employment, I must declare all pending and prior criminal arrests and charges related to child sexual abuse and their disposition; convictions related to other forms of child abuse and neglect; and all convictions of violent felonies ([Head Start Performance Standard 45 CFR 13-1.31 \(b\)\(2\)](#)).
- I understand that the agency may obtain supplementary information, including, but not limited to multi-state criminal background check, driving record, social security number verification, employment and education verification and other relevant screening prior to employment as well as repeated check as required by the position or the program.
- I authorize the agency to check the references provided and to pursue all additional references to verify information I have given. I release all parties from all liability from any damages which may result from furnishing such information to you.
- I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
- I understand that employment at Neighborhood House is "at will," which means the employee or employer may terminate the employment relationship with or without cause at anytime. This application is not a contract of employment.

Signature of Applicant _____ Date _____