

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.

Position Applying for:

Date Available to start:

Name:

Last

First

Middle Initial

Home Address (Number and Street):

City:

State:

Zip:

Home Phone:

Cell Phone:

Work Phone:

Work Ext.

Email:

Check here if you would like to be notified of future job openings

How did you learn about this position?

If other, please indicate:

Have you ever applied for a job at Neighborhood House before?

Yes

No

What position:

Have you ever been employed by Neighborhood House?

Yes

No

Under what position/location:

Are you legally authorized to work in the United States?

Yes

No

Have you been convicted of a crime, plead guilty or been released from prison within the past seven (7) years?

Yes

No

If yes, indicate the date and nature of the offense:

Have you ever been debarred from federal contacts?

Yes

No

If yes, please explain:

Have you read the job requirements?

Yes

No

Do you understand the job requirements?

Yes

No

## EDUCATION

	Name of School	Location (City, State)	Number of Years Attended	Diploma/ Degree	Did you Graduate?
High School / GED					
College					
Graduate School					
Other Training					



Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact this employer? Yes No

Position: \_\_\_\_\_ Dates employed (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Full-time Part-time

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact this employer? Yes No

Position: \_\_\_\_\_ Dates employed (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Full-time Part-time

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact this employer? Yes No

Position: \_\_\_\_\_ Dates employed (Mo./Yr.) From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor Name and Title: \_\_\_\_\_ Ending Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Full-time Part-time

Duties and Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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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:



**Equal Employment Opportunity Data Collection Form (completion of this form is optional)**

Neighborhood House is an equal opportunity employer. The following information is NOT used for selection purposes but only to evaluate the success of the agency's equal opportunity efforts. All information is confidential and any disclosure of your gender, ethnic group / race is voluntary. Refusal to provide or providing the information will not subject the applicant to any adverse treatment.

**Position Title (please print):**

**Name:**

Last

First

Middle

**Gender:**

Female

Male

**ETHNIC GROUP/RACE**

**Question 1.** Are you Hispanic or Latino? Yes No (If yes, please move on to Question 3)

**Question 2.** Please check the box which best describes your race:

**African American / Black:** A person having origins in any of the black racial groups of Africa.

**American Indian / Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

**Asian (Not Hispanic or Latino):** A person having any of the original peoples of the Far East, Southeast Asia, and/or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

**Native Hawaiian or other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa and other Pacific Islands.

**White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

**Two or more races:** All persons who identify with more than one of the above (5) races.

**Other (Specification optional):**

**Question 3.** Do you meet the following disability definition? Yes No

A disability is a permanent physical, mental or sensory condition that substantially limits one or more of your major life activities. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. "Substantially limits" means that you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for equal opportunity purposes only. It should not be construed and will not be considered as a request for accommodation.

Will you need accommodation in the application or testing process? Yes No

Individuals who indicate a "yes" response must make an accommodation request when contacted for an interview.

**Question 4.** Are you a veteran? Yes No

Dates Served:

to

Vietnam-Era Veteran

Yes

No

Special Disabled Veteran

Yes

No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SUBMIT THIS DATA SHEET WITH YOUR EMPLOYMENT APPLICATION**