

<input type="checkbox"/> Colville 99114 165 E. Hawthorne Ave. 509 684-4597 1-866-708-4597 Fax 509 684-5286	<input type="checkbox"/> Chewelah 99109 301 E. Clay, #201 P.O. Box 905 509 935-4808 Fax 509 935-4897	<input type="checkbox"/> Davenport 99122 1211 Merriam 509 725-3001 1-888-725-3001 Fax 509 725-1609	<input type="checkbox"/> Republic 99166 Mental Health 42 Klondike Rd. P.O. Box 1120 509 775-3341 1-866-807-7131 Fax 509 775-8906	<input type="checkbox"/> Republic 99166 Chemical Dependency 75 N. Keller P.O. Box 1120 509 775-2958 Fax 509 775-2754
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Submit to location checked above:

APPLICATION FOR EMPLOYMENT

If accommodation or assistance is needed in completing this application, please contact the person listed on the job announcement.

Last Name	First Name	MI
Street Address		
City	State	Zip
Home Phone (include area code)		County
Business Phone (include area code)		
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

How did you find out about this job opening?

POSITION(S) APPLYING FOR (must be completed)

State the name of the position			
Minimum Monthly Salary Acceptable		Date Available	

EMPLOYMENT OF FAMILY MEMBERS/RELATIVES

Are you related directly or by marriage to any employee of NEWACS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the information below:	
Name (s)	Relationship(s)

APPLICANT CERTIFICATION AND AGREEMENT (must be signed)

I certify that this application and all attached material contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be rejected, my name will be withdrawn from further consideration, and I may be removed from the job after appointment. I understand that this employment application and other employment-related documents I may have been furnished are not contracts of employment; and also that any oral or written statements to the contrary are hereby expressly disavowed. Northeast Washington Alliance Counseling Services has my authorization to thoroughly investigate my work and personal history which is job related, including, but not limited to, information from the Child Abuse and Neglect Registry, criminal background checks or drivers license checks. I release all persons, companies, and organizations from liability for providing or receiving information in this investigation. **All information is subject to the Washington State Public Records Law.**

Signature	Date
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It is the policy of Northeast Wa. Alliance Counseling Services to assure that all applicants for employment and employees of the agency are subject to uniform personnel policies and shall not be subjected to discrimination in terms and conditions of employment on the basis of the applicant's or employee's race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance.

EDUCATION AND/OR TRAINING

Did you graduate from high school or receive a GED certificate? Yes No

SCHOOL NAME AND LOCATION (not including high school)	Dates Attended		# of Credits		Field		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma/ Degree Earned
	FROM	TO	QTR	SEM	MAJOR	MINOR		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name when degree was awarded: _____

Undergraduate and graduate field work/training/skills: _____

PROFESSIONAL REGISTRATION, CERTIFICATION, OR LICENSE (if relevant to position)

PROFESSIONAL REGISTRATION / CERTIFICATION / LICENSE	STATE	PROFESSION	REGISTRATION / CERTIFICATION / LICENSE #	EXPIRATION DATE

Has your professional registration or certification or license ever been suspended or revoked or is it currently under investigation? (if yes, please attach a statement of explanation) No Yes

Have you ever been denied malpractice insurance? (if yes, please attach a statement of explanation) No Yes

If it is a requirement of the job: N/A

Do you have a valid driver's license? Yes No

Do you have a personal vehicle? Yes No

If you have worked for an employer under another name, please indicate:

Name: _____

REFERENCES (List individuals who have knowledge of your work performance)

Full Name	Address	Occupation	Phone

EMPLOYMENT HISTORY: INCLUDE ALL WORK HISTORY, BOTH PAID AND UNPAID

START WITH YOUR PRESENT OR MOST RECENT JOB. This information is used to determine if your application will be approved. Be specific. If employed, it may affect your salary offer. Employment dates, both month and year, and average hours worked per week for part-time employment must be listed for each job. **IF MONTHS, YEARS AND HOURS PER WEEK ARE NOT INCLUDED IN EACH JOB, NO CREDIT WILL BE GIVEN FOR THAT EXPERIENCE.** Experience is calculated based on the number of full-time equivalent months. Indicate any change in job title under the same employer as a separate position.

DO NOT WRITE "SEE RESUME" OR "SEE PRIOR APPLICATIONS" IN THIS SECTION
ATTACH ADDITIONAL SHEETS USING THE FORMAT BELOW IF NECESSARY

1	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average #of hours/week	
City, State		Zip	Kind of Business		Beginning Mo. Salary	Ending Mo. Salary

May we contact this employer? Yes No

Your duties (Indicate your responsibilities, specific duties, computer skills, size of operation, supervision, if any, etc.). Attach additional sheets if necessary.

Reason for leaving if no longer employed

2	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average #of hours/week	
City, State		Zip	Kind of Business		Beginning Mo. Salary	Ending Mo. Salary

Reason for leaving:

Indicate job duties below (responsibility, specific duties, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

3	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
	Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average # of hours/week
City, State		Zip	Kind of Business		Beginning Mo. Salary	Ending Mo. Salary

Reason for leaving:

Indicate job duties below (responsibility, specific duties, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

4	Name of Agency/Company		Your Title		From (MM/YY)	To (MM/YY)
	Address		Phone	Name & Title of Immediate Supervisor		<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average # of hours/week
City, State		Zip	Kind of Business		Beginning Mo. Salary	Ending Mo. Salary

Reason for leaving:

Indicate job duties below (responsibility, specific duties, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.

5	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	Address	Phone	Name & Title of Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average #of hours/week	
	City, State	Zip	Kind of Business	Beginning Mo. Salary	Ending Mo. Salary
Reason for leaving:					
Indicate job duties below (responsibility, specific duties, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.					

6	Name of Agency/Company		Your Title	From (MM/YY)	To (MM/YY)
	Address	Phone	Name & Title of Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> part-time—average #of hours/week	
	City, State	Zip	Kind of Business	Beginning Mo. Salary	Ending Mo. Salary
Reason for leaving:					
Indicate job duties below (responsibility, specific duties, computer skills, size of operation, supervision, etc). Attach additional sheets if necessary.					

HIRING STAFF will send page 6 & 7 to: **NEWACS Human Resources**
 165 E. Hawthorne Ave.
 Colville, WA 99114

Northeast Washington Alliance Counseling Services has direct responsibility for the supervision, care, or treatment of children, mentally ill persons, developmentally disabled persons, or other vulnerable adults.

APPLICANT AUTHORIZATION FOR BACKGROUND INQUIRY:

Information obtained from inquiries will not necessarily preclude employment, but will be considered in determining the applicant's character; suitability and competence to perform in the position applied for and may result in a denial of employment. If you wish to be considered for employment, you must complete and sign this Applicant Authorization for Background Inquiry form. Failure to complete and sign this form shall disqualify you for appointment. A background check of civil adjudications, conviction records of crimes against persons and final board disciplinary decisions will be conducted and considered only if you are the preferred applicant. Please answer all of the following questions. Have you ever been...:

- Convicted of any crime against children or other persons? Yes No
- Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult? Yes No
- Convicted of crimes related to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance? Yes No
- Found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No
- Found by a court in a domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
- Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult? Yes No
- Found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult? Yes No

NOTE: Attach a statement of explanation on a sheet of paper for any "yes" answer.

All answers and statements are true and complete to the best of my knowledge. I understand that a background check of convictions and pending criminal charges will be conducted, that untruthful or misleading answers or deliberate omissions are cause for denial of employment or immediate dismissal if subsequently employed. I hereby authorize Northeast Washington Alliance Counseling Services (NEWACS) to conduct a background inquiry on me if I am the preferred applicant. I attest under the penalty of perjury that the information I have provided is true and accurate to the best of my knowledge. I understand records may be obtained from the Washington State Patrol (WSP) and/or local law enforcement, and the Central Registry of Child Abuse and Neglect, and/or others as necessary: I hereby release the agency named above or others from liability or damage which may result from furnishing the information requested. A photocopy of this release form will be valid as an original, thereof, even though said photocopy does not contain an original signature. This release will expire one (1) year after the date signed.

Printed Name	(complete name needed for background check)	Date
First	Middle (not initial)	Last
Other names used, i.e., maiden (if applicable) (needed for background check)		Signature
Date of Birth	Driver's License # / State /	

Location and name of position applied for:



ALLIANCE
Counseling Services

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165 E. Hawthorne Ave.
Colville, WA 99114

Location	and name of position applied for:
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REQUEST FOR EMPLOYEE INFORMATION

TO:	Date:
	(Applicant - please print your name below)
	Re:

Please furnish this employer with the information requested concerning my employment record. You are relieved from any liability concerning the release of this information, and any additional information which may be requested by phone by the interviewer.

Applicant's signature

Applicant: Please complete upper section only. After completing this section, please return to NEWACS with your application. If you are scheduled for an interview, this form will be sent to your former employer(s).

1. Dates of employment:	From:	To:
2. What was his/her job when he/she started work for you? When he/she left?		
3. Was he/she ... Laid off <input type="checkbox"/> Discharged <input type="checkbox"/> Resigned <input type="checkbox"/>		
4. Reason for leaving your employ		
5. Would you consider him/her for re-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please rate the following from 1 to 5 with 1 as poor and 5 as outstanding.		
Attendance Record _____	Quality of work _____	Attitude toward work _____
6. Is there anything else you can share with us about this applicant that you would like to know if you were hiring a new staff member?		
Date:	Signature of person supplying information	

Employer: After completing this section, please return to NEWACS. After the applicant's interview, the interviewer may follow up with a reference check by phone with more detailed questions.

Thank you for your cooperation.