



# Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
NAME (FIRST, MIDDLE, LAST)		POSITION APPLIED FOR	APPLYING FOR: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> NO PREFERENCE
ADDRESS			
CITY, STATE, ZIP		MAIDEN NAME OR OTHER NAMES USED	
DATE OF AVAILABILITY	DESIRED SALARY	REFERRAL SOURCE (IF APPLICABLE)	
	\$		
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	E-MAIL ADDRESS	
( )	( )		
1. ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE U.S.?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, IS YOUR WORK AUTHORIZATION BASED UPON A NONIMMIGRANT VISA (E.G., F-1, G-1, H-1, TN, B-1, E-1)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
2. ARE YOU OVER THE AGE OF 18 YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF UNDER 18, DO YOU HAVE A WORK PERMIT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU PREVIOUSLY APPLIED WITH US?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHEN?	MONTH:	YEAR:	
4. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION (LISTED IN THE JOB DESCRIPTION) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. ATTACH A COPY OF YOUR RESUME AND ANY OTHER SUPPORTING DOCUMENTS			

PROFESSIONAL CERTIFICATION AND/OR LICENSE(S)		
CERTIFICATION / LICENSE	GRANTED BY	EXPIRATION DATE

**DISCLAIMER AND SIGNATURE**

**Please sign this application after carefully reading the following:**

**Accuracy of Information:** I represent that all of the information I have and will provide as an applicant is truthful and accurate. I represent that I have carefully reviewed all my information and have taken all the time necessary to provide full, complete, and accurate responses. I understand that the Company will rely on the information I have provided on this application and/or otherwise (e.g., CV/resume). I further represent that all the information I have provided contains no errors, omissions, misrepresentations, or anything that could be construed as misleading. I understand that if employed, any errors, omissions, or misleading statements that I provided on this application or other documents related to my application, may disqualify me from this recruitment process or be grounds for dismissal if determined after an offer has been made.

*Nothing in this application is intended to be construed to be an offer of employment.*

<b>APPLICANT SIGNATURE:</b>	<b>DATE</b>
<b>PRINTED NAME:</b>	