

CORE Health
P.O. Box 2394
748 14th Avenue
Longview, WA 98632
(360) 200-5419



Application for Employment

CORE Health is an equal opportunity employer			
Last Name	First Name, Middle Initial	Last 4 digits of SSN	
Address	City, State Zip Code	Phone Number	
Emergency Contact Name	Emergency Contact Phone	Relationship	
Work Experience (Most recent job first) Please include volunteer and intern experience Include additional experience on a separate page			
From	Employer's Name/Address	Starting Pay	Job Title
To		Last pay	Reason for Leaving
Job duties, tasks, and accomplishments			
From	Employer's Name/Address	Starting Pay	Job Title
To		Last pay	Reason for Leaving
Job duties, tasks, and accomplishments			
From	Employer's Name/Address	Starting Pay	Job Title
To		Last pay	Reason for Leaving
Job duties, tasks, and accomplishments			
From	Employer's Name/Address	Starting Pay	Job Title
To		Last pay	Reason for Leaving
Job duties, tasks, and accomplishments			

Application for Employment (Continued)

Education			
	Name and Location	Degree/ Certificate	Major/Subjects of Study
High School			
College, Specialized training, Apprenticeship, etc.			
College			
Other Education			
Military Service			
Branch of Service	Dates of Service	Position	
General Information			
What position are you applying for? _____ Full time <input type="checkbox"/> Part time <input type="checkbox"/> When are you able to start work? _____ Are you legally able to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you at least 18 years old? _____ Are you able to perform the duties of this job with reasonable accommodations? (Please note that this will not disqualify the applicant) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give information: _____ _____ Have you ever been convicted of a crime, excluding misdemeanors and summary offenses? (Please note that a conviction will not necessarily disqualify the applicant) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give information: _____ _____ Have you ever been the subject of an investigation or allegation of sexual misconduct, sexual abuse or sexual harassment involving adults or children? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give information: _____ _____ Have you ever been charged with a sexual offense, offense relation to children, or crime of violence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give information: _____ _____ Are there any other considerations that you would like to share? _____ _____			
Certification and Acknowledgement			

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.

I authorize the company to thoroughly investigate my work experience and other matters related to my suitability for employment. I further authorize my former employers to disclose to the company any and all information they may have concerning my previous employment. In addition, I hereby release to the company, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in anyway related to, such disclosure.

I acknowledge that, if employed, both the company and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. The employment at will relationship will remain in effect throughout my employment with the company and may not be modified by any oral or implied agreement.

Applicant's Signature	
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