



North Sound Behavioral Health Organization, LLC

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NORTH SOUND BEHAVIORAL HEALTH ORGANIZATION (NORTH SOUND BHO) **EMPLOYMENT APPLICATION**

Please complete this application by typing or printing clearly. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets if more space is required.

Position Applying For:		Date of Application:
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Where did you hear about this position?

First Name:	M.I.:	Last Name:
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Street:

City:	State:	Zip:
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Phone(s):	Email:
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Do you have the legal right to work in the U.S.? <i>Note: All employment offers are contingent upon proof of eligibility to work in the U.S.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you been convicted of a felony or released from prison within the last ten (10) years? <i>Note: Please explain fully any convictions on a separate sheet of paper. Each case is considered individually. A conviction will not necessarily preclude you from employment; however failure to disclose convictions can disqualify you from employment.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you available to work: Full Time Part Time Temporary

Have you ever been dismissed, discharged, or asked to resign from a position? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever been employed by North Sound BHO? If yes, list dates:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Education			
Type of School	School & Location	# of Years Completed	Degree/Certificate Awarded
High School			
College or University			
Graduate School			
Business or Technical School			
Other Relevant Training/Courses			

License/Registration/Certificate			
Description	State	Number	Expiration

Work History

Begin with your most recent experience. List all jobs separately (including military) and identify gaps in employment. **A resume will not substitute for the information required in this section.** Resumes may be attached, but do not write "See Resume" in lieu of completing the application.

If employment was under different name, please indicate:

Dates: From	To
Job Title:	Employer/Company Name:
Primary Duties:	
Hours/Week:	Supervisor:
Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Phone:	Employer Address:

Dates: From	To
Job Title:	Employer/Company Name:
Primary Duties:	
Hours/Week:	Supervisor:
Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Phone:	Employer Address:

Dates: From	To
Job Title:	Employer/Company Name:
Primary Duties:	
Hours/Week:	Supervisor:
Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Phone:	Employer Address:

Dates: From	To
Job Title:	Employer/Company Name:
Primary Duties:	
Hours/Week:	Supervisor:
Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Phone:	Employer Address:

Dates: From	To
Job Title:	Employer/Company Name:
Primary Duties:	
Hours/Week:	Supervisor:
Reason for Leaving:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer Phone:	Employer Address:

Additional Experience (Volunteer, intern, etc.):

<p><i>I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission or material fact will cause forfeiture on my part of all rights and employment. I hereby authorize this company to solicit and receive information from my past employers and other references. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against this company for such inquiries and any individual providing employment information. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.</i></p>	
Signature: <i>(Your typed signature acts as your official signature.)</i>	Date: