



# Employment Application

P.O. Box 3007 · Seattle, WA 98114  
Phone # 206-788-3650 · Fax # 206-490-4011  
employment@ichs.com

Position Applied For:				
Last Name		First Name		Middle Initial
Street Address	City	State	Zip	Phone#

Have you been convicted of a felony within the last 7 years that would tend to have direct bearing on this position?  Yes  No

**Note: The existence of a criminal record does not constitute an automatic bar to employment.**

Do you have any relatives or immediate family members currently working for ICBS?  Yes  No If Yes, who? \_\_\_\_\_

## EDUCATION

Name of High School Attended:	City:	State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Colleges or Universities Attended:	Major:		Dates Attended: From To	Degrees Conferred <input type="checkbox"/> Yes <input type="checkbox"/> No

List any vocational or on-the-job training you have completed and any special training you have completed and any special licenses you hold which are necessary or useful:


## LANGUAGE FLUENCY

Are you proficient in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list them below.)			
Language #1	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
Language #2	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
Language #3	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

## EXPERIENCE

Use this section to list all work experience, including relevant volunteer experience.

Employed by:	Your job title:
Address:	Your duties:
City & State:	
Supervisor:	Phone:
Employed From:(Mo/Yr)	To:(Mo/Yr)
Starting Salary:	Ending Salary:
Average Hrs/Wk:	
Reason for leaving:	



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Employed From:(Mo/Yr)	To:(Mo/Yr)
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Average Hrs/Wk:	
Reason for leaving:	

**JOB REQUIREMENTS**

Do you believe you are capable of performing the essential functions of the job for which you are applying?  Yes  No  
 If you answered "No," is there an accommodation we can make that would allow you to successfully perform the essential functions?

**AUTHORIZATION AND CERTIFICATION**

I authorize International Community Health Services, at the time of my application or during the course of my employment, to investigate and verify information contained this application as it relates to the position for which I am being considered or in which I may be employed. I further authorize those persons and companies referenced above to provide information to you, and I hereby release such parties from all liability for any damage that my result from furnishing such information.

I understand that if I am hired, I will be required to provide proof of identity, legal work authorization, and a copy of my degree and/or certification. I also understand that if I am hired, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge. I understand that any falsifications or omission of information may bar me from selection activities and employment and, if employed, will be cause for dismissal from International Community Health Services.

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

**HOW DID YOU LEARN OF THIS POSITION OPENING?**

Newspaper: (Name) \_\_\_\_\_

Referral Agency: (Name) \_\_\_\_\_

Job Posting: (Name) \_\_\_\_\_

Other: (Name/Source): \_\_\_\_\_



## Affirmative Action Information Request

<b>Applicant Information</b>			
<p>International Community Health Services is a federal contractor, and as such is mandated by Presidential Executive Order 12246, as amended, to request the following information from applicants. The information is kept confidential, and is used to fulfill reporting requirements. Completion of this form is voluntary: a decision not to provide this information will not result in adverse treatment of your employment application. You may provide the information now, or at any time after employment.</p>			
Name of Applicant (Last)		(First)	(Middle)
Ethnic Origin: (Check all which apply) <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/or Pacific Islander <input type="checkbox"/> Asian  <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> 2 or more races _____			
Sex:	US Veteran Status (see pg. for definitions)	*Disability	Age
<input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era <input type="checkbox"/> Disabled Veteran  <input type="checkbox"/> None <input type="checkbox"/> Other Eligible Veteran	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Under 40 <input type="checkbox"/> 40+ Date of Birth ____/____/____
<b>EEO STATEMENT</b>			
<p>International Community Health Services reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. This policy applies to all programs and facilities including, but not limited to, employment, and patient services. Any discriminatory action can be a cause for disciplinary action. Discrimination is prohibited by Presidential Executive Order 11246 as amended, Washington State Gubernatorial Executive Orders 89-01 and 93-07, Titles VI and VII of the Civil Rights Act of 1964, Section 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, Age Discrimination in Employment Act of 1967 as amended, Age Discrimination Act of 1975, Vietnam Era Veteran's Readjustment Assistance Act of 1972 as amended, other federal and state statutes, regulations, and ICBS policy.</p> <p>Coordination of the compliance efforts of ICBS with respect to all of these laws and regulations is under the direction of the Human Resources Manager, Charles Hayashi, MPA, PO BOX 3007, Seattle, WA 98114, telephone # 206-788-3658.</p> <p>If you wish to request a disability accommodation during the application process, please contact Human Resources at 206-788-3650.</p>			
<b>Employee Signature</b>		<b>Date</b>	
<p><b>The completed form should be treated as confidential and should not be seen by anyone other than the employee to whom it refers; no copies should be made of completed forms.</b></p>			

## Affirmative Action Information Request

*For Your Information, the following definitions apply:*

**Hispanic or Latino or Spanish Origin:** means a person with origins of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

**American Indian or Alaska Native:** means a person with origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or has community recognition as an American Indian or Alaska Native.

**Asian:** means a person with origins in any of the original peoples of the Far East, Southeast Asia, 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:** (race) means a person having origins in any other of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Native Hawaiian does not include individuals who are native to the state of Hawaii by virtue of being born there.)

**Black of African American:** means a person with origins in any of the Black racial groups of Africa.

**White/Caucasian:** means a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**2 or more races:** means a person with two or more origins.

**Female:** A female applicant

**Age 40 and Over:** An applicant who is at least 40 years of age.

**Disabled:** An applicant who identifies as having a disability or handicap.

**Vietnam Era Veteran:** An applicant who: (a) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) duty for a service-connected disability in any part of such activity was performed during the times and places specified under (a).

**Disabled Veteran:** An applicant entitled to disability compensation under Veterans Administration for a disability rate of 30% or more, or whose discharge/release from active duty was for a disability incurred or aggravated in the line of duty.

**Other eligible Veteran:** Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.



# CONVICTION/CRIMINAL HISTORY INFORMATION

**This form must be completed to be considered for employment**

When considering individuals for ICBS employment, both paid and volunteer, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of ICBS employees, students, patients, the public and ICBS property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW 43.43.830-.842) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and crimes relating to financial exploitation and findings in related actions and proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. **A conviction/criminal history record does not necessarily disqualify an individual for employment.** Criminal history records may be verified through the Washington State Patrol or other law enforcement related agencies; initial and/or continued employment may be subject to a satisfactory Criminal Conviction Report. Questions about the use of conviction/criminal history information in the application process may be referred to ICBS Human Resources (206-788-3650) or employment@ichs.com

Applicant Name (Last)	(First)	(M.I)	Social Security Number *(optional)	*ICBS has requested your Social Security number because it serves as a unique identifier. ICBS will use the number for internal reporting purposes. Disclosure of your number is voluntary, and no statute or rule specifically directs the ICBS to request the number. If you decline to provide the number, ICBS shall not for that reason deny any right, benefit, or privilege provided by law.
Maiden Name/Aliases			Date of Birth	
Phone Number	Email Address			

### 1. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION:

Have you ever been convicted of any of the crimes listed below?

If **Yes**, check all that apply and describe in the box below.

**Yes**  **No**

- |                                                                  |                                                                  |                                                                          |
|------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Arson (1st degree)                      | <input type="checkbox"/> Custodial Interference (1st/2nd Degree) | <input type="checkbox"/> Promoting Prostitution (1st Degree)             |
| <input type="checkbox"/> Assault, Custodial                      | <input type="checkbox"/> Extortion (1st/2nd/3rd* Degree)         | <input type="checkbox"/> Prostitution                                    |
| <input type="checkbox"/> Assault, Simple (or 4th Degree Assault) | <input type="checkbox"/> Forgery*                                | <input type="checkbox"/> Robbery (1st/2nd Degree)                        |
| <input type="checkbox"/> Assault (1st/2nd/3rd Degree)            | <input type="checkbox"/> Incest                                  | <input type="checkbox"/> Rape (1st/2nd/3rd Degree)                       |
| <input type="checkbox"/> Assault of a Child (1st/2nd/3rd Degree) | <input type="checkbox"/> Indecent Exposure - Felony              | <input type="checkbox"/> Rape of a Child (1st/2nd/3rd Degree)            |
| <input type="checkbox"/> Burglary (1st Degree)                   | <input type="checkbox"/> Indecent Liberties                      | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Child Abandonment                       | <input type="checkbox"/> Kidnapping (1st/2nd Degree)             | <input type="checkbox"/> Sexual Exploitation of a Minor                  |
| <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020)  | <input type="checkbox"/> Malicious Harassment                    | <input type="checkbox"/> Sexual Misconduct with a Minor (1st/2nd Degree) |
| <input type="checkbox"/> Child Buying or Selling                 | <input type="checkbox"/> Manslaughter (1st/2nd Degree)           | <input type="checkbox"/> Theft (1st/2nd/3rd* Degree)                     |
| <input type="checkbox"/> Child Molestation (1st,2nd,3rd Degree)  | <input type="checkbox"/> Murder, Aggravated                      | <input type="checkbox"/> Unlawful Imprisonment                           |
| <input type="checkbox"/> Communication with a Minor              | <input type="checkbox"/> Murder (1st/2nd Degree)                 | <input type="checkbox"/> Vehicular Homicide                              |
| <input type="checkbox"/> Criminal Abandonment                    | <input type="checkbox"/> Patronizing a Juvenile Prostitute       | <input type="checkbox"/> Violation of Child Abuse Restraining Order      |
| <input type="checkbox"/> Criminal Mistreatment (1st/2nd Degree)  | <input type="checkbox"/> Promoting Pornography                   |                                                                          |

\* SEE PART 5 BELOW.

### 2. DRUG-RELATED CRIMES

Have you ever been convicted of a crime related to the manufacture of, delivery of, or possession with intent to manufacture or deliver a controlled substance?

**Yes**  **No**

### 3. RELATED PROCEEDINGS

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult?

**Yes**  **No**

### 4. MEDICARE/MEDICAID/HEALTHCARE RELATED CRIMES

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?

**Yes**  **No**

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federal funded healthcare program?

**Yes**  **No**

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?

**Yes**  **No**

**5. For all items checked in 1, 2, 3 and 4 above, specify the conviction or action date(s), sentence(s) or penalty(ies), imposed, prison release date(s) and current standing (e.g., parole, work release). For all items with an asterisk (\*) above, provide a description of the victim including the victim's age. Attach additional page(s) if needed.**

### 6. GENERAL CONVICTION INFORMATION:

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations?

**Yes**  **No** If **Yes**, indicate all conviction dates, prison release date(s) and the nature of the offense(s).

**You will not be considered for employment if you do not complete and sign this form.**

### SIGNATURE

I certify that the information contained in my resume, other application-related materials, and the above-stated information is true, correct, and complete to the best of my knowledge. I understand that consideration for employment and the continuation of subsequent employment depend on true, accurate and complete representation of these facts as stated or implied in all application-related materials. I authorize ICBS to make inquiries regarding my education, work experience, references, unless otherwise stated, and criminal conviction history. I understand that any job offer or subsequent employment may be conditioned on the ICBS' receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or other law-enforcement related agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_