



Hearing, Speech & Deaf Center

1625 19th Avenue
Seattle, WA 98122
(206) 323-5770

NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION

INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE IN:
PRESENT ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:		CELL:	E-MAIL:	
POSITION APPLIED FOR?				
WAGE/SALARY DESIRED?			DATE AVAILABLE FOR WORK?	
AVAILABLE: <input type="checkbox"/> Days • <input type="checkbox"/> Evenings <input type="checkbox"/> Nights •			APPLYING FOR: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary	
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired.)				
Are you 18 years or older? <input type="checkbox"/> Yes • <input type="checkbox"/> No • (If no, employment is subject to minimum legal age requirements.)				
Have you been convicted of a felony or released from prison within the past 10 years for an offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please indicate the date and nature of the offense:				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? • <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How did you learn about this position opening?				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				
EDUCATION				
	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade, Business, or				
Graduate school				
SKILLS				
<input type="checkbox"/> Typing ___ wpm <input type="checkbox"/> Ten-key <input type="checkbox"/> Reception: # incoming lines _____ • <input type="checkbox"/> Supervision: years of experience _____ Proficient at : <input type="checkbox"/> Excel <input type="checkbox"/> Word <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____ American Sign Language Skill Level _____ _____ Indicate other skills related to the position you are seeking: _____ _____ _____				
PROFESSIONAL REFERENCES				
Please list four persons, other than relatives, who we may contact about your professional work experience.				
Name	Years Known	Relationship	Telephone Number	

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer? Yes No •

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

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Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____
Duties _____

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company (Hearing, Speech, and Deaf Center) to which I am providing this application (HSDC) to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including the Company) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release HSDC from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that HSDC receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment may be terminated, at any time, with or without notice, by either party.

Signature of Applicant

Date

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