Free Clinic
OF SOUTHWEST WASHINGTON

Employment Application for Free Clinic of Southwest Washington

4100 Plomondon Street, Vancouver, WA 98661 | 360.313.1398 | www.freeclinics.org

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: **( )** _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: **$** _____

Position Applied for: **Education Community Health Worker**

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Fluent in following Languages: ____Spanish ____Russian ___Chuukese ___Other_____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: ( ) _____

Address: _____

Previous Employment

Company: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: ( ) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: $ _____ Ending Salary: $ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

_____

_____

_____

Disclaimer and Signature

I certify, under penalty of perjury in the State of Washington, that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize my current or former employers and all educational institutions which I have attended to provide the Free Clinic any information regarding my current or former employment, scholastic records or ratings.

I understand that as a condition of employment I must provide documentation to prove my eligibility to obtain employment along with personal identification information as required by the Immigration Reform and Control Act of 1986.

I understand that this application is no intended to be a contract of employment. Employment for all positions is "at will" and may be terminated by either party without cause or advance notice.

Signature: _____ Date: _____

Required Questions

Why are you interested in this position? _____

_____

_____

_____

What are some resources you would use to help connect families that needed help with services (i.e. housing, food stamps, or finding a doctor)?

_____

_____

_____

_____

_____

What are three ways that you could use to get to know the families of middle school students?

_____

_____

_____

_____

_____