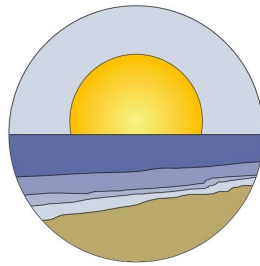


# Employment Application



# Shoreline

## Behavioral Health Services

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Today's Date  Applicant Full Name Social Security Number

Telephone Number

Home Address (Street Address, City, State, Zip)

E-mail

Desired Position

Position Type	Desired Salary	Date Available	Over 18 yrs?
Part-Time		<input type="text"/>	Yes
Full-Time			No

*If part-time, please list any days you are **not** available for work*

*Any offer of employment is contingent upon completion of form I-9 and providing the appropriate documents for identity and work authorization. If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by law.*

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### Education

High School High School Name, City and State

Diploma

GED

Undergraduate University or Technical School Name, City and State

Major Course of Study

Graduation Date

Degree Type

Graduate School Name, City and State

Major Course of Study

Graduation Date

Degree Type

Certifications, trades, etc.

Current School Enrolled (name, address, & expected graduation date)

List any job-related skills, certifications, accomplishments, including military service:

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**Please Provide Three Professional References Who We May Contact**

Please List Name & Occupation, Number of Years Acquainted and Contact Number

Professional Reference

Please check if this reference is a current or former employer

Yes

Professional Reference

Please check if this reference is a current or former employer

Yes

Professional Reference

Please check if this reference is a current or former employer

Yes

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**Employment History**

Please List Most Recent or Current Employers We May Contact as References

May  
We  
Contact

Name of  
Employer:

Job Title & Duties:

Yes

Address:

City, State, Zip Code

Dates of Employment:

Hourly Pay or Salary:

Reason for Leaving:

May  
We  
Contact

Name of  
Employer:

Job Title & Duties:

Yes

Address:

City, State, Zip Code

Dates of Employment:

Hourly Pay or Salary

Reason for Leaving:

May We  
Contact

Name of  
Employer:

Job Title & Duties:

Yes

Address:

City, State, Zip Code

Dates of Employment:

Hourly Pay or Salary:

Reason for Leaving:

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Have you ever been discharged or asked resign from a job

Yes      No

If Yes, please explain:

Have you ever been convicted of or pled guilty to a felony or other crime?

Yes      No

If Yes, please explain:

Do you have a valid drivers license?

Which state is your  
license registered in?

Yes      No

Have you been convicted of or pled guilty to any traffic related offense within the past **five** years

Yes      No

Have you ever had your driver's license suspended or revoked or had your driving privileges modified by a court of law?

Yes      No

I Certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements obtained in this application and also authorize an person, school, current employer, past employers and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decisions. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements: (Please check Yes/No)

Yes      No

Date

Initials (If applying online)

Applicant Signature: \_\_\_\_\_