



**Statement of Nondiscrimination**  
 NHS does not discriminate in hiring on the basis of sex, race, creed, color, national origin, ancestry, marital status, age, status as a parent, source of income, sexual orientation, political ideology, religion, or the presence of any sensory, mental or physical handicap. EQUAL OPPORTUNITY EMPLOYER

- A completed application package consists of the following:
1. Application form (do not indicate "see attached materials")
  2. Signed "Applicant Disclosure Form"
  3. Letter of inquiry
  4. Current résumé
  5. Placement file (or three letters of reference)

Last Name	First	Middle	Date of Application
Street Address			Home Telephone ( )
City, State, Zip			Business Telephone ( )
Position(s) Applied For			Are you 18 years or older?
Referral Source: Print Ad <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online Database <input type="checkbox"/> Other (please specify) _____			On what date would you be available for work?
Have you filed an application here before: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:			Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give date:			May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**EDUCATIONAL TRAINING**

School	Name and Location of School	Degree/Certificate	Date Completed	Major	Minor
Senior High					
College &/or University					



Start with your present or last job. List your most recent experience first. Please list additional experience on a separate page.

**EMPLOYMENT – Professional Experience**

<b>1</b>	School/Institution Name	Telephone
		(    )
	Address	Employed – (State month and year)
		From                      To
	Name of Supervisor	Pay
		Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

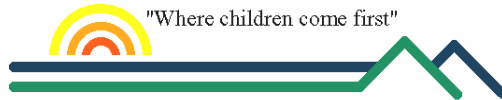
<b>2</b>	School/Institution Name	Telephone
		(    )
	Address	Employed – (State month and year)
		From                      To
	Name of Supervisor	Pay
		Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

<b>3</b>	School/Institution Name	Telephone
		(    )
	Address	Employed – (State month and year)
		From                      To
	Name of Supervisor	Pay
		Start                      Last
	State Job Title and Describe Your Work	Reason for Leaving

Summarize special skills and qualifications from employment or other experience which may relate to this position

**SPECIAL SKILLS AND QUALIFICATIONS**


# New Horizon School



<b>REFERENCES</b>			Please give us some professional references we may contact (not relatives)
Name	Position	Address	Phone

### Washington State Certification(s):

Certification Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Number: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Number: \_\_\_\_\_

If no Washington Certification, have you made application?    Yes    No

**I certify that the information and answers given herein are true and complete to the best of my knowledge.**

I authorize investigation of all statements contained in this application for employment, as well as other documents submitted for consideration, as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate New Horizon School in any way if NHS decides to employ me.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that employment is on a conditional basis pending completion of a State and National Background Check with the fee to be paid by the applicant, and that new employees must complete an Employment Eligibility Form presenting proper documentation. I also understand that all staff members of NHS must have current first aid/CPR training.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date