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## New Horizon School Employment Application

### Non-Discriminatory Statement

*NHS does not discriminate in hiring on the basis of sex, race, creed, color, national origin, age, sexual orientation, gender expression, gender identity, the presence of any sensory, mental, or physical disability, or the use of a trained guide dog or service animal by a person with a disability. EQUAL OPPORTUNITY EMPLOYER*

A completed application package consists of the following:

- Completed application form
- Letter of inquiry
- Current resume
- Placement file (or three letters of reference with emails/phone numbers)

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Source: <input type="checkbox"/> Print Ad <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Online Database <input type="checkbox"/> Other			On what date would you be available for work?
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date			Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date			May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Education & Training**

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

**Employment – Professional Experience**

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

1	School/Institution Name	Telephone
	Address	Employed State month and year
	Name of Supervisor	Pay
	State Job Title & Describe Your Work	Reason for Leaving

2	School/Institution Name	Telephone
	Address	Employed State month and year
	Name of Supervisor	Pay
	State Job Title & Describe Your Work	Reason for Leaving

3	School/Institution Name	Telephone
	Address	Employed State month and year
	Name of Supervisor	Pay
	State Job Title & Describe Your Work	Reason for Leaving

**Special Skills & Qualifications**

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

**References**

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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, not 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:** \_\_\_\_\_

## Applicant Disclosure Statement

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. If applying for a position that involves handling money or personal property, have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail, or coercion?

NO  YES      If YES, explain below:

2. Pursuant to Chapter 486, Laws of 1987:

Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

NO  YES      If YES, explain below:

3. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

NO  YES      If YES, explain below:

4. Have you ever been found by a court in a domestic relations proceeding under the Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

NO  YES      If YES, explain below:

5. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

NO  YES      If YES, explain below:

6. Have you ever been convicted of any crime for any violation of any law (excluding minor traffic violations)? For the purposes this question, the term "convicted" means and includes: (1) all instances in which a plea of guilty or nolo contendere is the basis for the conviction and (2) all proceedings in which a charge has been deferred from prosecution or the sentence has been suspended or deferred.

NO  YES      If YES, explain below:

**Signature and Date:**

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date and Place:** \_\_\_\_\_