



Yakima Neighborhood Health Services
 12 South 8th St, PO Box 2605
 Yakima WA 98907-2605
 Phone (509) 454-4143 Fax (509) 454-3651
 www.ynhs.org

Yakima Neighborhood Health Services Application for Employment

Personal Information:

Name	DOB:
Email Address:	Social Security #
Address	Phone#
Will visa or immigration status prevent lawful employment?	Yes No
If under age 18, can you provide proof of eligibility to work?	Yes No
During the last 7 years, have you been convicted of any criminal offense involving violent behavior, dishonesty, or breach of trust? If yes, explain:	Yes No

Employment Desired:

Date Available	Position/Job Desired:
Days Available to Work (circle)	Mon Tues Wed Thurs Fri Sat
Hours Available (circle)	Mornings afternoons evenings
Employment desired:	Full-time Part-time Other (explain)
Is there anything that would prevent you from coming to work on a regular basis during the next 12 months?	No Yes explain:

Education:

	High School	College	Trade / Other
Name / Location of School			
Dates Attended			
Did you graduate?			
Major area of study			
Degree obtained			
Date of degree			

We are required to verify the following information. Please provide copies, along with contact information:

- Verification of completion of highest degree obtained
- Verification of certification of special training
- Verification of other competencies appropriate to serving low income and disadvantaged individuals and families.



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Job Performance Ability:

Are you able to perform on a regular basis all the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

Please describe any accommodation required:

Work History (list most recent employer first. Include employment that covers the last 7 years. Explain any periods of unemployment more than 30 days):

Employer	Date Hired
Address	Date Separated
Name/Title of Supervisor	Phone
Your title / responsibilities	Starting wage
Reason for leaving:	Ending wage:

Employer	Date Hired
Address	Date Separated
Name / title of Supervisor	Phone
Your title / responsibilities	Starting wage
Reason for leaving:	Ending wage

Employer	Date Hired
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Professional Registration / Licensure (attach copies):

Type of Registration/License	State	Number	Expiration Date

If you do not have a required registration or license, have you applied for one? **Yes No**
 If an exam is required, what date are you schedule to take the exam? _____
 If not licensed in Washington State, have you applied for reciprocity? _____

Occupational Skills / Experience:

Do you speak any languages other than English?

If so, are you certified by any agency?

List any additional skills or training , or any additional information about your work habits / experience you would like us to know about:

Describe your computer skills:

References: List three professional references, who can discuss your work abilities:

Name	Address	Phone	relationship

List any current or former employees of YNHS you know :
