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Chief Executive Officer: Shari Selander

"Committed to serve and support the behavioral health needs of our communities."

Established 1967

Revised 4.11.2022ba

Applications are considered for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or any other legally protected status. New Directions Northwest, Inc. is an Equal Opportunity Employer. All information contained in this application is confidential and will not be released to outside parties without your written consent.

osition(s) Applied For:		Date:	
ame:			
Last	First	Middle Initial	
ddress:Street	City	Otata	7 '
	•	State	Zip
	Cell <u>:</u>	Work:	
mail: • Preferred method of cont	 tact: □ Text □ Email □ Cell □ Phone,	ana aifu udan ayailahla	
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	b, are you legally eligible for employment in t migration status will be required upon emplo		
o you have a culterit univer since			
	License	Number Expiration Date	State
you are under 19 years of age	License	·	State
you are under 18 years of age, o	License can you provide required proof of your eligibil	·	State
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e) Relative _____

d) Friend _____

f) Other _____



EDUCATION

High School _	Name / Address	Years Completed	Diploma / Degree	Course / Major
College _				
Graduate _				
Other _				
• Proo	f of educational diploma/	degree/certification will	l be required.	
Indicate any	r foreign languages you s	oeak, read and/or write	9 :	
	Language(s)		Fluent	Good Fair
SPEAK _				
READ _				
WRITE _				
Describe an	v specialized training, sk	lls, and/or apprentices	hips that you have experi	ence in:
Training T			e of Equipment	Software
	71-	- '/-		
Describe an	y job-related training rece	eived in the United Sta	tes Military:	
Training T	ype # Year	s Typ	e of Equipment	Software
Please list a	ny professional associati	ons that are directly re	lated to your profession:	



PREVIOUS EMPLOYMENT

Start with your present job. Please include any job-related military service assignments and volunteer activities. Please do not use "refer to resume". (Resume may be attached as backup to this application.)

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1.		
Employer Name/Address	Dates Employed	
Job Title/Position		
Contact Person regarding your performance	Telephone Number	
Duties / Responsibilities	receptione realises	
Reason for Leaving		
2.		
Employer Name/Address	Dates Employed	
Job Title/Position		
Contact Person regarding your performance	Telephone Number	
Duties / Responsibilities		
Reason for Leaving		
3.		
3. Employer Name/Address	Dates Employed	
	Dates Employed	
Employer Name/Address	Dates Employed Telephone Number	
Employer Name/Address Job Title/Position		
Employer Name/Address Job Title/Position Contact Person regarding your performance Duties / Responsibilities		
Employer Name/Address Job Title/Position Contact Person regarding your performance		
Employer Name/Address Job Title/Position Contact Person regarding your performance Duties / Responsibilities		
Employer Name/Address Job Title/Position Contact Person regarding your performance Duties / Responsibilities Reason for Leaving		
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Employer Name/Address Job Title/Position Contact Person regarding your performance Duties / Responsibilities Reason for Leaving 4. Employer Name/Address Job Title/Position	Telephone Number Dates Employed	



PROFESSIONAL REFERENCES

(Do not include those given in employment history or relatives)				
Name	Address	Occupation	Telephone No.	
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Note to Applicants		QUESTION UNLESS YOU HAVE E UIREMENTS FOR THIS APPLICA		
Will you be able to pe	erform the essential functions of $Please\ initial\ one ightarrow $	of this job, with or without reaso Yes No	nable accommodation?	
If no, please describe	any accommodation needed:			
	DRUG FREE V	VORKPLACE POLICY		
unless the tests are po the test and the Agen of this policy to refuse will result in disciplin	rohibited by law. Employees who cy's use of the test results for perconsent for these purposes, cary action and may result in	e to determine the presence of no agree to take the test must sig ourposes of administering its dis or to test positive for alcohol or i termination. Tests that are pai	gn a consent form authorizing scipline policy. It is a violation llegal drugs. Policy violations d for by the Agency are the	

Employees may be asked to take a test at any time to determine the presence of drugs, narcotics, or alcohol, unless the tests are prohibited by law. Employees who agree to take the test must sign a consent form authorizing the test and the Agency's use of the test results for purposes of administering its discipline policy. It is a violation of this policy to refuse consent for these purposes, or to test positive for alcohol or illegal drugs. Policy violations will result in disciplinary action and may result in termination. Tests that are paid for by the Agency are the property of the Agency, and the examination records will be treated as confidential and held in separate medical files. However, records of specific examinations, if required by law or regulation, will be made available to the employee, persons designated and authorized the employee, public agencies, relevant insurance companies, or the employee's doctor. It is also the policy of this Agency to initiate pre-employment drug screening of job applicants who have received a conditional offer of employment. Employment is contingent upon successful completion of drug screening and all back ground checks.

DISCLAIMER AND RELEASE

Nothing on this application is intended to create or imply a contractual relationship. If hired, I understand that employment is not for any specific time period, and will be "at will" and terminable by either party at any time for any reason. I authorize the Agency to verify any and all information provided in this application. False information may be grounds for rejection of this application and/or dismissal of employment. Moreover, I hereby release the employer from any and all liability by reason of requesting such information from any personal entity. I declare that any statement in this application, or information provided, is true and complete, and acknowledge that I have read and understand the information stated above.

Date	Signature of Applicant	