

Position Applied for:

Name:

Last

First

Middle

(Please type or print)



Toppenish, WA 98948

APPLICATION FOR EMPLOYMENT

Please return the application to:

Heritage University

Human Resources Department

3240 Fort Rd. Toppenish, WA 98948

(509) 865-8662 (fax)

Position Applied for: _____

Employment Application
Applicant Information

 Full Name: _____ Date: _____
Last
First
M.I.

 Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

 Phone: _____ Email _____
 Daytime Phone: _____

 Date Available: _____
 Are you age 18 or older?
YES
NO

 If hired, can you provide proof of right to legally work in the United States?
 YES
NO

 Have you ever worked for this company?
 YES
NO
If yes, when? _____

 Have you ever been convicted, released or pled no contest to any felony offense in the last 7 years?
 YES
NO
A conviction record will not necessarily disqualify you for employment. Each case is considered on it's own merits. If YES, indicate the nature of the offense, date, court and disposition.
Education

 Indicate the highest level of education you have completed.
 Less than high school
 2 year college
 Some graduate school
 Post-Doctorate
 HS Grad
 Technical school
 Master's degree
 MD, DDS, JD
 Some College
 Bachelor's degree
 Doctorate

Name of Trade or Business School, College, University or Professional School	No. of months attended	No. of credits earned	Type of credits (sem./qtr.)	Type of degree	Major	Minor

Language abilities, other than English:

Read: _____

Write: _____

Speak: _____

Previous Employment

Present or last

employer: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Job duties/
accomplishments _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Job duties/
accomplishments _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Job duties/
accomplishments _____

From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Additional Information

Please use the space below to further describe your relevant skills, training, and experience, including length of time. Providing this additional information is extremely valuable in the selection process. If it does not apply to you, please indicate with **N/A**.

Administrative and Computer skills and experience (such as data bases, word processing, data entry, spreadsheets/graphs/charts, desktop publishing, internet, e-mail, medical terminology, legal terminology, technical/statistical/scientific typing, correspondence/manuscript editing, bookkeeping/accounting, etc.)

Supervisory/Managerial skills and experience (such as hiring, firing, disciplining, evaluating performance, rewarding, training, assigning work, directing work, reviewing work, etc.)

Professional skills and experience (such as formal related coursework, publications, administration of grants/contracts, budget maintenance, data gatherings, report writing, statistical analysis, public relations, etc.)

Scientific/Laboratory skills and experience (such as scientific coursework, lab techniques, lab equipment, etc.)

Disclaimer and Signature

To the best of my knowledge, the information included in this application is accurate and true. I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered. I authorize Heritage University to investigate my past relevant employment and/or education history. I authorize Heritage University to investigate my background, including a criminal background investigation. I also authorize any persons, companies, corporations and/or education facilities with whom I have been associated to furnish Heritage University with any information concerning my employment and educational background which they may have on record.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Heritage University's interest, nor will I become engaged in such activity or business if employed.

If employed in consideration of my employment, I agree that my employment and compensation may be terminated in accordance with Heritage University policy. I also understand that my employment is on an "at will" basis which means that either the employer or the employee can terminate employment at any time, with or without notice and with or without cause.

If employed, I further agree that if Heritage University advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any University property, the University is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Signature: _____ Date: _____

Heritage University is an equal opportunity/equal access/affirmative action employer fully committed to achieving a diverse workforce and complies with all Federal and State laws, regulations, and executive orders regarding non-discrimination and affirmative action.

Thank you for your interest in employment with Heritage University.

VOLUNTARY EEO/AFFIRMATIVE ACTION DATA

Heritage University is an equal opportunity/affirmative action employer, and considers all employment decisions without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, or any other prohibited basis. In keeping with this philosophy and in an effort to comply with federal and state standards for equal opportunity employment, we ask that you provide the information requested below.

Although providing this information is optional on your part, we would appreciate it if you would complete this form. Providing this information is strictly voluntary and will not be the basis of any employment decision. Failure to provide this information will not subject you to any adverse treatment. Please note that the information provided is retained separately from your application and/or personnel file. Your cooperation is appreciated.

EMPLOYEE INFORMATION

Print Name: _____

Date: _____

Please Check One: MALE FEMALE

Position Applied for: _____

Please check as applicable

- | | |
|--|--|
| <input type="checkbox"/> 1 – White (not Hispanic or Latino) | <input type="checkbox"/> 5 – American Indian or Alaska Native (not Hispanic or Latino) |
| <input type="checkbox"/> 2 – Black or African American (not Hispanic or Latino) | <input type="checkbox"/> 6 – Native Hawaiian or other Pacific Islander (not Hispanic or Latino) |
| <input type="checkbox"/> 3 – Hispanic or Latino | <input type="checkbox"/> 7 – Two or More Races (not Hispanic or Latino) |
| <input type="checkbox"/> 4 – Asian (not Hispanic or Latino) | Please check ALL that apply |

INVITATION TO SELF-IDENTIFY STATUS OR DISABILITY

As a government contractor, Heritage University, is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973, as amended, which require government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans, veterans of the Vietnam era, and qualified individuals with disabilities. If you are a veteran or are disabled, we would like to include you in our affirmative action program. A request to benefit under Heritage University's affirmative action program may be made now or at any time in the future.

The information you submit will be kept confidential, except that, if you are disabled, (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed when, and to the extent appropriate, if you have a condition that might require emergency treatment, and (iii) government officials engaged in enforcing laws administered by OFCCP, or the Americans with Disabilities Act, may be informed.

This information is being requested on a voluntary basis and refusal to provide it will not subject you to any adverse treatment. Further, the information will not be used in a manner inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973, as amended.

- Not applicable**
- Special Disabled Veteran**, defined as (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability under 38 U.S.C. 3106; or (2) a veteran who was discharged and released from active duty because of a service-connected disability.
- Vietnam-Era Veteran**, defined as a person who (1) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (ii) between August 5, 1964 and May 7, 1975, in all other cases.
- Other Protected Veteran**, defined as a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, other than Special Disabled Veterans or Vietnam-Era Veterans.
- Recently Separated Veteran**, defined as any veteran who served on active duty in the U.S. military, ground, naval, or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.
- Disabled individual**, defined as a person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.
- I have read the above and voluntarily provide the requested information.**
- I have read the above and decline to provide the requested information.**

Signature of Application

Date