



AmeriCorps
Washington



Sea Mar

Community Health Centers
Clínica de la Comunidad

Exceptional service. Every person. Every time.

General Application for Sea Mar AmeriCorps

Personal Information	
First Name	
Last Name	
Street	
City, State, Zip Code	
Phone Number	
Email Address	
Have you applied to Sea Mar CHC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked at Sea Mar CHC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation? (i.e. personal vehicle, transit)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you're under 18, do you have an employment certificate?	
Can you provide proof of Citizenship? (Birth Certificate, US Passport, Certificate of Citizenship, or Certificate of Naturalization)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Convicted of a felony in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the nature of this crime?	

Position and Availability:	
Position Applying for:	
Are you available for the entire program year?	
Hours of availability (Full-time, part-time, on-call):	
Are you currently attending school/university? If so, please list your expected graduation date.	

Education and Experience	
High School	
Name of School	
Address	
City, State, ZIP	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/ Diploma Earned:	
College/University:	
School Name:	
Address	
City, State, ZIP	



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Number of years completed:	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree earned:	
Military Experience:	
Branch:	
Rank:	
Total years in service:	
Skills and Qualifications:	
Do you speak a foreign language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which Language? Proficiency?	

Employment History	
Currently Employed?	
1. Name of Employer:	
Name of Supervisor:	
Phone Number:	
Address:	
City, State, ZIP	
Dates of Employment:	
Reason for leaving:	
2. Name of Employer:	
Name of Supervisor:	
Phone Number:	
Address:	
City, State, ZIP	
Dates of Employment:	
Reason for leaving:	
May we contact for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Member Applicant Demographics (optional)*	
To comply with government Equal Employment Opportunity and/or Affirmative Action reporting regulations, we are requesting (but NOT requiring) that you enter this personal data. This information will not be used in connection with any employment decisions, and will be used solely as permitted by state and federal law. Your voluntary cooperation would be appreciated. Learn more (https://www.eeoc.gov/employees-job-applicants)	
Which of the following most accurately describe(s) you?*	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> I prefer not to say



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Which of the following most accurately describe(s) you?*	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian and/or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other _____
Are you or have you been housing insecure within the last 6 months?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you or have you been food insecure within the last 6 months?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

***Please be sure to attach your **Resume** and **Cover Letter** to this application before submitting to Sea Mar – AmeriCorps.

Applications with missing documents will **not** be considered.

Submit applications by email to americoordinators@seamarchc.org.

OR

Print and mail all required documents to the address below:

1040 S Henderson St
Attn: AmeriCorps
Seattle, WA 98108

I understand that any offer of member position is contingent upon satisfactory results of a criminal background check which will be conducted after initial screening of applicants. I also understand that any offer of member position is contingent upon clearance that I am not excluded from participation in federally-funded programs. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for membership or dismissal from the agency's service if I have been on boarded to Sea Mar CHC. I agree that Sea Mar and my previous employers shall not be held liable in any respect if any membership offer is not tendered, is withdrawn, or my membership is terminated due to falsity of the statements and answers in this application form. If I am offered membership, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes. I am advised that in compliance with the Fair Credit Reporting Act, a routine investigation may be made concerning my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request, within a reasonable period of time, for a summary disclosure of the nature and scope of the investigation. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

Signature: _____

Date: _____