

## Human Resources Non-Employee Information Form Please Print

Welcome to the Seattle Cancer Care Alliance. Please return this form and all required documents to Human Resources at mail stop J1-105. Your SCCA Sponsor must also complete a Non-Employee Action Form in order to ensure your record is accurately prepared. If you have any questions, please call Human Resources at (206) 667-4700.

Last Name:	_ First Name:(Please Print)	M.I.:	SSN:	
Address:Street	City		State	Zip
Home Phone:				h:
SCCA Mail Stop (if applicable):		SCCA Work Phone:		
Start Date:	Expected End Date:	Primary	Work Phone:	
Primary Employer:		Primary Supervisor	:	
Emergency Contact:		Relationship:		
Contact's Home Phone: Contact's Work Ph			one:	
SCCA Sponsor Name (Please Print):				
SCCA Department:	Do	you have billing privile	ges through UW(	P? Yes No
Position Title/Purpose for Relationship wi		, ou note 2000 8 prove	,,	
Have you been an employee of, or ha		Cancer Care Alliance	(SCCA) previou	sly? 🗆 Yes 🛛 No
Have you been convicted of a felony	within the last seven years? $\ \ \square$ Y		. ,	
If yes, please explain:				
The SCCA endorses and supports the	•			•
free of recognized hazards. Therefore necessary to leave the SCCA premises	· · · · · · · · · · · · · · · · · · ·	is not acceptable wil	thin sight of the	e SCCA facilities. It is
I recognize that I may be exposed to obtain during my affiliation with the future employment any confidential	e Seattle Cancer Care Alliance.	I understand that I		
I understand and will abide by the SC terminated by either the SCCA or my				with the SCCA may be
I hereby declare my answers to these any misleading or materially incorre- relationship with the SCCA (i	ct statements or incomplete ans			
Signature:			Date:	