

Human Resources

Non-Employee Information Form

Please Print

Welcome to the Fred Hutchinson Cancer Research Center. Please return this form and all required documents to Human Resources at mail stop J1-105. Your Center Sponsor must also submit a Non-Employee Action Form before your record will be entered in our system and access granted. **If you have any questions, please call Human Resources at (206) 667-4700.**

Last Name _____ First Name _____ MI _____ SSN# _____

Address _____
Street City State Zip

Home Phone _____ Email Address _____ Date of Birth _____

Fred Hutch Mail Stop (if applicable) _____ Fred Hutch Work Phone (if applicable) _____

Start Date _____ Expected End Date _____ Primary Work Phone _____

Primary Employer _____ Primary Supervisor _____

Emergency Contact _____ Relationship _____

Contact's Home Phone _____ Contact's Work Phone _____

Center Sponsor (please print) _____

Center Department _____

Position Title/Purpose for affiliation with the Center _____

Have you been an employee of or had an affiliation with Fred Hutchinson Cancer Research Center previously? Yes No

Have you been convicted of a felony within the last seven years? Yes No

If yes, please explain: _____

The Center endorses and supports the right of all people affiliated with the Center to work in a safe and healthy work environment free of recognized hazards. Therefore, the use of tobacco products is not acceptable within sight of the Center facilities. It is necessary to leave the Center premises in order to smoke.

I recognize that I may be exposed to confidential information at the Center and agree to keep confidential any such information I obtain during my affiliation with the Fred Hutchinson Cancer Research Center. I understand that in any future employment I will be prohibited from using any confidential information I obtain from the Center.

I understand and will abide by the Center policies as set forth in the Center's Policies and Procedures Manual and/or faculty handbook, as applicable. I understand and acknowledge that my affiliation with the Center may be terminated by either the Center or myself, at any time.

I hereby declare my answers to these questions to be true and correct to the best of my knowledge. I further understand that any misleading or materially incorrect statements or incomplete answers to these questions may result in termination of my affiliation with the Center. _____ (please initial)

Signature _____ **Date** _____

Non-employee Information Form and documents below must be completed prior to establishing record. HR Use Only

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|--------------------------|----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Agreement Relating to Inventions | <input type="checkbox"/> | FHCRC Confidentiality Agreement |
| <input type="checkbox"/> | Agreement Relating to Copyrights | <input type="checkbox"/> | Office of Inspector General Background Check Form |