Seattle Cancer Care Alliance

Fred Hutch · Seattle Children's · UW Medicine

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: _____ (Please Print) First Name: _____ (Please Print) M.I.: ___ SSN: _____

Address: _____
Street City State Zip

Home Phone: _____ Email Address: _____ Date of Birth: _____

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 Phone: _____

SCCA Sponsor Name (Please Print): _____

SCCA Department: _____ Do you have billing privileges through UWP? ☐Yes ☐No

Position Title/Purpose for Relationship with SCCA: _____

Have you been an employee of, or had an affiliation with, the Seattle Cancer Care Alliance (SCCA) previously? ☐Yes ☐No
Have you been convicted of a felony within the last seven years? ☐Yes ☐No
If yes, please explain: _____

The SCCA endorses and supports the right of all people affiliated with the SCCA 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 SCCA facilities. It is necessary to leave the SCCA premises in order to smoke.

I recognize that I may be exposed to confidential information at the SCCA and agree to keep confidential any such information I obtain during my affiliation with the Seattle Cancer Care Alliance. I understand that I will be prohibited from using in any future employment any confidential information I obtain from the SCCA.

I understand and will abide by the SCCA policies. I also understand and acknowledge that my association with the SCCA may be terminated by either the SCCA or myself, at any time and for any lawful reason or no reason at all.

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 relationship with the SCCA. _____ **(initial)**

Signature: _____ Date: _____

HR USE ONLY | SGO N/A: ☐ Sent ☐ Date: _____ ☐ ACKN