

# APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

**POSITION(S) APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTRUCTIONS:** Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. Please **type or print clearly** all information.

## PERSONAL DATA

NAME: \_\_\_\_\_  
                    LAST                      FIRST                      MIDDLE IN.                      SOCIAL SECURITY

Present Address: \_\_\_\_\_  
                                    STREET                      CITY                      STATE                      ZIP                      PHONE NUMBER

Permanent Address: \_\_\_\_\_  
(If Other Than Above) STREET                      CITY                      STATE                      ZIP                      PHONE NUMBER

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you previously been employed here? Yes \_\_\_ No \_\_\_ If yes, give dates: \_\_\_\_\_

How did you learn about this position opening? Ad \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

Have you any relatives employed here? Yes \_\_\_ No \_\_\_

If yes, please indicate name(s) and in what position: \_\_\_\_\_

## WORK AVAILABILITY

Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ On-call \_\_\_ If temporary or on-call, indicate when available:

Availability: \_\_\_\_\_

Indicate which shifts you will work: 1<sup>st</sup>/Days \_\_\_\_\_ 2<sup>nd</sup>/Evenings \_\_\_\_\_ 3<sup>rd</sup>/Nights \_\_\_\_\_

Will you rotate shifts? Yes \_\_\_ No \_\_\_ Will you work weekends? Yes \_\_\_ No \_\_\_

Are you available for overtime? Yes \_\_\_ No \_\_\_

Indicate days you are available for work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

Yes \_\_\_ No \_\_\_ If yes, explain fully: \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor?

Yes \_\_\_ No \_\_\_ (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully: \_\_\_\_\_

**WORK SKILLS**

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED. (Mark "T" if you have training in the skill, mark "E" if you have experience in the skill, mark "B" if you have both.)

BUSINESS	GENERAL	PATIENT CARE
___ Typing ___ WPM		___ Driving
___ Shorthand ___ WPM	___ Floor Care (Manual)	___ Sterile Technique
___ Transcription	___ Floor Care (Machines)	___ Vital Signs
___ Bookkeeping	___ Linen Packing	___ Pre-Op Preps
___ Accounting	___ Autoclave	___ Isolation Technique
___ Ten-Key Adding	___ Sterilizer (Steam/Gas)	___ Catheterization
___ Calculator	___ Cooking	___ Coronary Care
___ Key Punch	___ Food Preparation	___ Charting
___ Invoicing/Inventory	___ Dishwasher (Manual)	___ Monitor ___ Type
___ PBX/Reception	___ Dishwasher (Industrial)	___ Intensive Care
___ Insurance Billing	___ Sewing	___ Orthopedic
___ Medicare/Medicaid	___ Maintenance (General)	___ Pediatric
___ Medical Terminology	___ Maintenance (Craft)	___ Geriatric
___ Word Processing	___ Electrical _____	___ Medical
___ Software _____	___ Plumbing _____	___ Surgical
___ Computers	___ Building _____	___ Obstetrics
___ Data Entry	___ Electronics _____	___ Oncology
Other: _____	___ Small Power Tools	Other: _____

**LANGUAGE SKILLS**

List any foreign language(s) and check the one that best describes your skill level.

Language	Read/Write/Speak	Read/Write	Read/Speak	Read Only	Speak Only

**JOB PERFORMANCE ABILITY**

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position(s) for which you are applying, with or without reasonable accommodation, as set forth in the job description?

Yes \_\_\_ No \_\_\_ If No, explain fully: \_\_\_\_\_

**EDUCATION**

High School Name: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

Location: \_\_\_\_\_ Diploma or GED: Yes \_\_\_\_\_ No \_\_\_\_\_

**College or Schools after high school (include any job related education or training in military service).**

Name, Location	Academic Major, Skill/Trade	Dates Attended	Graduate?

**WORK EXPERIENCE**

**List most recent employer first.** Include at least past five (5) years, and account for any time gaps in your employment history, including any military service. (Attach additional sheet or resume if desired.) **Please complete this section even if you are attaching a resume.**

1. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary: \$	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:
2. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary:	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:
3. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary:	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:
4. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary:	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:

Did you work for any of the above employers under a different name? If so, please circle which one(s). 1 2 3 4  
Give your previous name: \_\_\_\_\_

**ATTENDANCE**

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**PROFESSIONAL REGISTRATION/LICENSURE**

Type of Registration or License	State	Number	Date of Expiration

If you do not have a required registration or license, have you applied for one? Yes \_\_\_\_\_ No \_\_\_\_\_

If an examination is required, what date are you scheduled to take the examination? \_\_\_\_\_

If not licensed in Washington State, have you applied for reciprocity? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a professional registration/license revoked, suspended or restricted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain fully: \_\_\_\_\_

**I certify the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal.**

**I understand my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the checking of references furnished by me and contingent upon a background check performed by a third party, for any criminal offense.**

**I consent to and authorize this employer and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.**

**I understand and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the Administrator has authority to enter into any agreement contrary to the foregoing.**

**I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT - DO NOT WRITE BELOW THIS LINE**

**INTERVIEW INFORMATION**

Starting Date:	Starting Salary: \$	per/hr.	Level:
Position Title:	Position #:	Department:	
Orientation? Yes ( ) No ( )	Orientation Date:	Replacement Position ( ) New Position ( )	
FT ( ) PT ( ) On-Call ( ) Temp. ( )	Hours per Week:	Shift:	
Overtime Agreement Needed: Yes ( ) No ( )	References Received: Yes ( ) No ( ) Checked: Yes ( ) No ( )		
Professional License verified: Yes ( ) No ( )	Status:	Issue Date:	