



## Employment Application

### We are an Equal Opportunity Employer

All qualified applicants are considered regardless of race, religion, color, age, sex, sexual orientation, gender identity, marital status, nationality, veteran status or disability.

### Instructions: Please Read

This is a general employment application required for all jobs. As the hiring process continues, you may be asked to provide a more detailed survey of your qualifications as they relate to a specific job or an additional authorization for release of information.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Other names used: \_\_\_\_\_ Dates used: From \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_  
*Mailing Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date you are available to start: \_\_\_\_\_

Are you under the age of 18?  Yes  No If yes, can you provide required proof of your eligibility to work?  Yes  No

Have you been previously employed at CMC?  Yes  No If yes, when? \_\_\_\_\_  
In what position? \_\_\_\_\_

Do you have any relative employed at CMC?  Yes  No

If yes, please indicate names \_\_\_\_\_

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?  Yes  No

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

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  Yes  No Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  Yes  No

Are you currently a student?  Yes  No If yes, school name, course of study , & portion completed:

Outside activities while in school which you feel reflect your abilities:

Plans for future education/training:

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street city State Zip*

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employment dates: (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street city State Zip*

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employment dates: (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street city State Zip*

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employment dates: (month and year) From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor?  Yes  No

### Military Service

Branch: \_\_\_\_\_ No. of years in service: \_\_\_\_\_

### Other Skills and Qualifications

Please list any other skills, qualifications or experience pertinent to the career you seek. (e.g.- Computers, software, tools, special certifications, etc.)


### Optional

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

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

### Professional Registration/Licensure

Type of Registration or License	State	Number	Date of Expiration

YES      NO

If you do not have a required registration or license, have you applied for one?  YES       NO

If an examination is required, do you have a date scheduled to take the examination?  YES       NO

Examination date? \_\_\_\_\_

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?

If yes, please explain fully. \_\_\_\_\_

### Work Availability

Indicate days:

- Week days  
 Weekends

Indicate employment status:

- Full-time       Temporary  
 Part-time       Per Diem

Indicate shift(s):

- Day  
 Night

### 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: \_\_\_\_\_

### Job Performance Ability

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

- Yes       No

### Where did you hear about us?

- Current Employee       WAHospitaljobs.com       LinkedIn       Local newspaper  
 CMC Website       Indeed       Facebook       Other: \_\_\_\_\_

## Applicant Statement and Signature

I hereby affirm that the information provided on this application, and accompanying letters or resume, is true and complete.

I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my dismissal if hired.

I authorize this employer to investigate my background thoroughly, and agree to assist in such investigation. I release and hold harmless, and promise not to claim damages from any of my prior employers listed above for providing information.

I agree to submit to any drug test that may be required by the employer. I understand that the refusal to submit to testing will result in my disqualification for employment with this organization.

I also understand that employment may be conditioned upon an investigation into criminal convictions on record with Local, State or Federal law enforcement authorities.

I understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the employer or me at any time with or without cause or notice. I understand this application is **NOT A CONTRACT**.

I agree to present documentation proving my eligibility to work in the United States in accordance with the Immigration Reform and Control Act of 1986, and that failure to do so voids any offer of employment.

\_\_\_\_\_  
Applicant's Name (please print)

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

\_\_\_\_\_  
Today's date

### EMPLOYMENT APPLICATION Equal Opportunity Employer

Thank you for your interest in working for Coulee Medical Center! Please review these important features of our hiring process:

1. Applications are accepted only when an opening within the organization exists.
2. Applications are active for 60 days or until the current hiring process is closed. Applications will be kept on file for one year.
3. Applicants may be asked to review information about our mission, our high standards for employees and specific job requirements, and certify your understanding, before applying.
4. Hiring is a two-way process - We encourage applicants to ask questions and will do our best to answer them.
5. Due to the volume of applications received, we cannot notify each and every applicant not selected. Only those selected for further interviews will be contacted.
6. In some cases, internal candidates are considered alongside external applicants.
7. This application does not guarantee an interview or offer of employment.
8. All job offers may be contingent on satisfactory completion of background investigation, drug screen and a fitness for duty assessment. Job offers are not final until confirmed in writing.
9. Our employees deserve the best co-workers possible. Therefore, we reserve the right to hire the best qualified person for the job.

Please initial and date after reading the hiring process above: \_\_\_\_\_