



### Employment Application

Instructions: Please furnish all information requested. If you wish to supply additional information, please attach a separate sheet. Please type or print clearly.

#### Applicant Information

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

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

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

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you under the age of 18? 

YES	NO
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 If yes, can you provide required proof of your eligibility to work? 

YES	NO
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Have you been previously employed at CMC? 

YES	NO
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 yes, when? \_\_\_\_\_

Do you have any relatives employed at CMC? 

YES	NO
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If yes, please indicate names \_\_\_\_\_

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

YES	NO
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If yes, please explain \_\_\_\_\_

#### Education

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

Did you graduate? 

YES	NO
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 Diploma: \_\_\_\_\_

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

Did you graduate? 

YES	NO
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 Degree: \_\_\_\_\_

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

YES	NO
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Degree: \_\_\_\_\_

**Previous Employment**

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

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

No. of years worked in position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
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\_\_\_\_\_

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

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

No. of years worked in position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
-----	----

\_\_\_\_\_

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

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

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

No. of years worked in position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? 

YES	NO
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**Military Service**

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

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

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**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
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Indicate below training and/or experience which may qualify you for the position(s) desired:

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“T” – Training in the skill      “F”- Experience in the skill      “B” - Training and Experience in the skill

Business	T			General	T			Patient Care	T		
	E	B	E		E	B	E		B		
Keyboarding				Floor Care (Manual)				Sterile Technique			
Transcription				Floor Care (Machines)				Vital Signs			
Medical Terminology				Linen Packing				Pre-Op Preps			
Bookkeeping				Sterilizer (Steam/Gas)				Isolation Technique			
Accounting				Small Power Tools				Catheterization			
Ten-Key Adding				Driving				Charting			
Calculator				Maintenance (General)				Coronary Care			
Computers				Maintenance (Craft)				Surgical			
Invoicing/Inventory				Electrical				Pediatric			
Reception				Plumbing				Obstetrics			
Phone Switchboard				Building				Orthopedic			
Insurance Billing				Electronics				Geriatric			

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**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

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**Professional Registration/Licensure**

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Type of Registration or License	State	Number	Date of Expiration

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YES	NO

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If you do not have a required registration or license, have you applied for one?

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If an examination is required, do you have a date scheduled to take the examination?

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

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If not licensed in Washington State, have you applied for reciprocity?

Have you ever had a professional registration /license revoked, suspended or restricted?

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

**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 in the job description?

\_\_\_ Yes \_\_\_ No

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

### Where did you hear about us?

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

### Disclaimer and Signature

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.

I consent to and authorize this employer and its personnel to request any information concerning my previous employment record as indicated on the 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 that arise out of furnishing such job related information.

Consent of Applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please enter your name as an acknowledgement that you agree to the above.

I UNDERSTAND THAT ANY JOB OFFER IS CONTINGENT ON THE SUCCESSFUL COMPLETION OF A CRIMINAL BACKGROUND CHECK AND DRUG SCREEN.