



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
-----	----

Have you been previously employed at CMC?

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 If yes, when? _____

Do you have any relatives employed at CMC?

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If yes, please indicate names _____

Have you ever been convicted of a felony?

YES	NO
-----	----

A "yes" answer to this question will not necessarily bar the applicant from employment.

If yes, please explain _____

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: _____

YES	NO
-----	----

Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ 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: _____

From: _____ To: _____ 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: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES	NO
-----	----

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

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

Work Skills

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

“T” – Training in the skill

“E”- Experience in the skill

“B” - Training and Experience in the skill

	T	E	B	General	T	E	B	Patient Care	T	E	B
Business											
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			

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

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?

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

--	--

Examination date? _____

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

--	--

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

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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:

Indicate employment status:

Indicate shift(s):

Week days

Full-time

Temporary

Day

Weekends

Part-time

Per Diem

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.