



APPLICATION FOR EMPLOYMENT

The following information is requested to help us make the best possible placement within our company. All portions of this application that pertain to you must be completed. Western Washington Medical Group (WWMG), in accordance with state and federal law, does not discriminate on the basis of age, race, religion, color, sex, sexual orientation, national origin, veteran status, physical or mental disability, or any other protected status. No questions on this application are to be used for such discrimination. In addition, WWMG will make reasonable accommodations for the known physical or mental disabilities of an otherwise qualified applicant, unless an undue hardship would result. Any applicant who requires accommodation in the hiring process should contact the Care Center Manager/Hiring Authority to advise him or her of the accommodations needed in the application or interview process.

PLEASE PRINT

| | | | |
|------|---------|----------|--------|
| Name | (First) | (Middle) | (Last) |
|------|---------|----------|--------|

| | | | | |
|-----------------|----------|--------|---------|-------|
| Mailing Address | (Street) | (City) | (State) | (Zip) |
|-----------------|----------|--------|---------|-------|

| | | | | |
|------------------|----------|--------|---------|-------|
| Physical Address | (Street) | (City) | (State) | (Zip) |
|------------------|----------|--------|---------|-------|

| | | |
|---------------------------|---------------|-----------------|
| How long at this address? | Telephone No. | Alternative No. |
|---------------------------|---------------|-----------------|

Are you legally eligible to work in the United States? Yes ____ No ____ If you are hired, you must provide proof of authorization to work in the United States.

Have you ever applied for employment with us? Yes ____ No ____ If yes, where and when? _____

Have you ever worked for us before? Yes ____ No ____ If yes, where and when? _____

Do you have any relatives currently working at WWMG? If so, please provide their name. _____

Position Desired _____

Can you, with or without reasonable accommodation, perform the duties of the position for which you are applying? (see job description) Yes ____ No ____

What hours can you work? _____ Can you work overtime? Yes ____ No ____

If you are hired, on what date can you start work? _____

If you are hired, what is your desired starting hourly wage? _____

If presently employed, why do you wish to change position? _____

EDUCATION

Circle highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

| Name and Location of School | No. of Years Attended | Major | Degree |
|-----------------------------|-----------------------|-------|--------|
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| | | | |

Do you have other special training or skills related to the job for which you are applying (language, vocational, etc.)? _____

Please complete the following Software Experience Grid:

| SOFTWARE | NONE | SOME | AVERAGE | EXCELLENT | COMMENTS |
|--------------|------|------|---------|-----------|----------|
| MS Word | | | | | |
| MS Excel | | | | | |
| MS Access | | | | | |
| MS Outlook | | | | | |
| Quickbooks | | | | | |
| Other (list) | | | | | |
| | | | | | |

EMPLOYMENT HISTORY: Please provide your complete and accurate full and part-time employment record, beginning with your most recent employer (attach additional sheet if necessary).

This section must be completed entirely. Please list all experience, including volunteer work that you wish to have considered as part of your qualifications for the position you are seeking.

Describe each job separately, emphasizing your specific tasks and any supervisory, technical, or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages can be added.

Please attach/include a resume.

| | |
|-------------------------------------|--------------------------------|
| Name and Address of Employer | Telephone Number |
| Job Title and Responsibilities | Dates of Employment From To |
| Reason for Leaving | |
| Name, title of supervisor | |

| | |
|-------------------------------------|--------------------------------|
| Name and Address of Employer | Telephone |
| Job Title and Responsibilities | Dates of Employment From To |
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| Name, title of supervisor | |

EMPLOYMENT HISTORY (Continued)

| | |
|-------------------------------------|---|
| Name and Address of Employer | Telephone |
| Job Title and Responsibilities | Dates of Employment From To |
| Reason for Leaving | |
| Name, title of supervisor | |

| | |
|-------------------------------------|---|
| Name and Address of Employer | Telephone |
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| | |
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| Job Title and Responsibilities | Dates of Employment From To |
| Reason for Leaving | |
| Name, title of supervisor | |

Of the employers listed above, is there anyone you do not want us to contact? _____
Please specify employer(s) and reason. _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes ____ No ____

If yes, in what branch? _____

Describe any training you received which may be relevant to the position for which you are applying.

| |
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| |
| |

Have you ever been bonded? Yes ____ No ____ If yes, with what employers? _____

PROFESSIONAL REFERENCES

| Name | Telephone | Email |
|------|-----------|-------|
| | | |
| | | |
| | | |

Please read the following carefully before signing this application. If you have any questions regarding the following statements, please ask them of an employment interviewer before signing.

I certify that the information contained in this application is true and complete, and understand that the falsification of any information in this application is grounds for disqualification from further consideration and for dismissal from employment.

I authorize Western Washington Medical Group to solicit information regarding my character, general reputation, credit, previous employment, similar background information, and to contact all references given on my application.

I understand that WWMG is a drug and alcohol-free workplace and that it conducts pre-employment drug and alcohol testing. I understand that consent to such testing is a condition of employment and that confirmed positive test results or the refusal to submit to a drug or alcohol test may result in disqualification from consideration, revocation of employment offer, or termination of employment.

I authorize Western Washington Medical Group to obtain any criminal history relating to me which may be on file with any local, state, or federal criminal justice agencies and to disclose verbally, or in writing, the results of any criminal background investigation with any authorized employees or agents of Western Washington Medical Group involved in the hiring process. I agree to sign a separate Authorization and Release form authorizing the release of information regarding my employment history and performance.

If I am hired, I agree to conform to the rules and regulations of the company. I understand that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, and that no personnel recruiter, interviewer or other representative of the company, other than the CEO, has any authority to enter into any agreement for employment for a specified time, or to make any agreement contrary to the foregoing.

I hereby acknowledge and understand each of the above statements.

Signature of Applicant _____

Date _____

FOR OFFICE USE ONLY

| | |
|-----------------|----------------|
| Position Title: | Date Employed: |
| Salary: | Review Date: |
| Interviewed By: | Approved: |

Please submit this application and your resume to the email address listed in the job posting.



Employment Reference – Release of Information

I _____, do hereby authorize _____, my prior employer, to release any and all information relating to my employment with them to Western Washington Medical Group. I understand that that this information will be held in strictest confidence, that it will be viewed only for the purposes of employment eligibility, and that neither I nor anyone else not so involved will have the right to see the information. I further release and hold harmless both Western Washington Medical Group and _____ (company giving the information) from any and all liability that may result from the disclosure of this information and/or the use of such information.

Company: _____

Name of Reference: _____

Role: _____

Contact info: _____

Signed

Date



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Signed

Date