

Date: ____/____/____

APPLICATION FOR EMPLOYMENT PLEASE PRINT CLEARLY

GENERAL INFORMATION

NAME: _____
LAST FIRST MI

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (____) _____ **CELL:** (____) _____

EMAIL: _____

Are you authorized to work in the U.S.?

- Yes
 No

Do you speak another language besides English?

- Yes, I speak: _____
 No

I am...

- Under the age of 18
 Over the age of 18

Are you related to a current CHCW employee or Board Member?

- Yes, whom? _____
 No

How did you hear of this opening?

- Newspaper CHCW Website Friend Other: _____

DESIRED WORK SITE

- CHCW Administration/Residency
 CHCW - Ellensburg
 CWFm Clinic
 Ellensburg Dental Care
 Highland Clinic
 Naches Medical Clinic
 SRCare
 Yakima Pediatric Associates

POSITION(S) APPLYING FOR

1. _____
2. _____

I am interested in:

- FULL TIME
 PART TIME
 PER DIEM
 VOLUNTEER

DESIRED WAGE/SALARY:

\$ _____

Date you can begin working:

____/____/____

ADDITIONAL INFORMATION

Have you, within the last seven (7) years, been charged or convicted of an offense, or released from prison for an offense involving drugs, narcotics, theft or inflicting bodily injury? Yes No

If yes, please indicate charges, include dates, and summarize circumstances of offense: _____

*NOTE: A "Yes" answer will not necessarily bar you from employment with CHCW.

EDUCATION

HIGH SCHOOL: _____
NAME OF HIGH SCHOOL

ADDRESS CITY STATE ZIP

COLLEGE UNIVERSITY: _____
NAME OF COLLEGE/UNIVERSITY

ADDRESS CITY STATE ZIP

TECHNICAL PROGRAM: _____
NAME OF PROGRAM

ADDRESS CITY STATE ZIP

HIGHEST LEVEL COMPLETED

HIGH SCHOOL

- Diploma
 GED

COLLEGE/UNIVERSITY

- 1 Year Degree
 2 Years Degree
 3 Years Pending
 4 Years

List Degree

TECHNICAL PROGRAM

List Certification

ADDITIONAL SKILLS

- Microsoft Office Suite Medical Terminology
 Typing - WPM _____ Professional License Type: _____ / ____/____
 10 - Key Other: _____

EXPIRATION DATE

EMPLOYMENT HISTORY

List all current and former employers for the last 10 years. Please account for time gaps in your employment history (attach separate sheet if necessary). Begin with your most recent employer. (A resume is not a suitable substitution for completing this section).

CURRENT/MOST RECENT EMPLOYER

May we contact this employer? Yes No

<hr/> NAME OF EMPLOYER	____/____/____ EMPLOYMENT BEGAN	<hr/> STARTING POSITION
<hr/> ADDRESS	____/____/____ EMPLOYMENT ENDED	<hr/> POSITION UPON LEAVING
CITY _____ STATE _____ ZIP _____	\$ _____ WAGE/SALARY	(____) _____ TELEPHONE
REASON FOR LEAVING: _____	SUPERVISOR: _____	

PREVIOUS EMPLOYER

May we contact this employer? Yes No

<hr/> NAME OF EMPLOYER	____/____/____ EMPLOYMENT BEGAN	<hr/> STARTING POSITION
<hr/> ADDRESS	____/____/____ EMPLOYMENT ENDED	<hr/> POSITION UPON LEAVING
CITY _____ STATE _____ ZIP _____	\$ _____ WAGE/SALARY	(____) _____ TELEPHONE
REASON FOR LEAVING: _____	SUPERVISOR: _____	

PREVIOUS EMPLOYER

May we contact this employer? Yes No

<hr/> NAME OF EMPLOYER	____/____/____ EMPLOYMENT BEGAN	<hr/> STARTING POSITION
<hr/> ADDRESS	____/____/____ EMPLOYMENT ENDED	<hr/> POSITION UPON LEAVING
CITY _____ STATE _____ ZIP _____	\$ _____ WAGE/SALARY	(____) _____ TELEPHONE
REASON FOR LEAVING: _____	SUPERVISOR: _____	

REFERENCES

1. _____ NAME OF REFERENCE	<hr/> TITLE	<hr/> (____) _____ TELEPHONE
2. _____ NAME OF REFERENCE	<hr/> TITLE	<hr/> (____) _____ TELEPHONE
3. _____ NAME OF REFERENCE	<hr/> TITLE	<hr/> (____) _____ TELEPHONE

INFORMATION CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION

I certify the information given in the Application for Employment is true and complete to the best of my knowledge. I authorize CHCW to verify my professional licenses and to make inquiry of my former employers or references as to my experience, job suitability and/or reasons for leaving. I understand that if employed, the making of false statements on this Application, or omission of information, will be sufficient cause for my dismissal. Offers of employment are contingent upon satisfactory references from former employers and colleagues. I further understand that after receiving an offer of employment, I will be required to take a drug test and my actual employment may be conditional upon the results of this examination. I agree to hold harmless CHCW and any company and/or individual(s) for information they may release with regards to this Application.

I understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States. I also understand that my employment is contingent upon a satisfactory criminal history background check.

I understand that this Application, singularly or together with other CHCW documents or policies, does not create a contract of employment. I also understand that if hired. I may voluntarily resign or be terminated at any time for any reason. If I accept a position at CHCW, I agree to comply with all its policies and procedures. In the event of termination of employment with CHCW, I agree to return all CHCW property (such as keys, ID badge, etc.).

SIGNATURE OF APPLICANT

____/____/____
DATE