



THE POLYCLINIC

1145 Broadway / Seattle, WA 98122

Application for Employment

An Equal Employment Opportunity Employer

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bonafide occupational qualification, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam era.

Date _____

| | | |
|-------------------|-------|------------------|
| Name _____ | | |
| Last | First | Middle |
| Address _____ | | |
| Number and Street | City | State Zip |
| Home Phone _____ | | Cell Phone _____ |

| | |
|--|--|
| Position Desired _____ | Referred By _____ |
| How did you hear about this position? <input type="checkbox"/> Seattle Times <input type="checkbox"/> Web Site <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____ | |
| Availability Date _____ | Check as many as apply to your availability: |
| Will you work on call if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary |
| Will you work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | What shifts can you work? |
| Will you work other shifts in emergencies? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Evenings |
| Will you work weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 1. Are you legally eligible to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been convicted of a felony or a misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give details. _____ | |
| 3. Can you perform the essential functions of the position for which you are applying? (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If NO, please explain. _____ | |
| 4. Have you ever had a professional registration or license revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give details. _____ | |
| 5. Have you ever been employed at the Polyclinic? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give position, department and dates. _____ | |
| 6. Does The Polyclinic employ any of your relatives? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give name(s), relationship and department. _____ | |
| 7. Have you ever worked under another name which would affect employment/reference verification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, give name(s) and dates used. _____ | |
| All new employees are subject to a background check by the Washington State Patrol. Employment is subject to a satisfactory report. | |

EMPLOYMENT HISTORY

| | | |
|---|--|---|
| Dates of Employment From _____ <small>Month/Year</small> To _____ <small>Month/Year</small> Reason for leaving _____ | Employer: _____ Job Title/Duties: _____ _____ _____ | Supervisor _____ Phone _____ OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Starting Salary: _____ Ending Salary: _____ Hours worked: _____ |
| Dates of Employment From _____ <small>Month/Year</small> To _____ <small>Month/Year</small> Reason for leaving _____ | Employer: _____ Job Title/Duties: _____ _____ _____ | Supervisor _____ Phone _____ OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Starting Salary: _____ Ending Salary: _____ Hours worked: _____ |
| Dates of Employment From _____ <small>Month/Year</small> To _____ <small>Month/Year</small> Reason for leaving _____ | Employer: _____ Job Title/Duties: _____ _____ _____ | Supervisor _____ Phone _____ OK to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Starting Salary: _____ Ending Salary: _____ Hours worked: _____ |

EDUCATION

HIGH SCHOOL Did you either graduate from High School or obtain a GED certificate? Yes No

If no, number of years of school: _____ Name of High School: _____

COLLEGE, TRADE, PROFESSIONAL or OTHER SCHOOLS after High School:

| NAME, CITY AND STATE | MAJOR | DATES ATTENDED | TOTAL UNITS | DEGREES RECEIVED AND YEAR |
|----------------------|-------|----------------|-------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |

LICENSE – CERTIFICATION – REGISTRATION (If applicable) Show title, date expires, serial number, and which state or agency issued it. If pending, give date expected:

COMPUTER/TECHNICAL SKILLS _____

Keyboarding Speed _____ WPM

U.S. MILITARY SERVICE

| | | | |
|---|----------------------|-------------------------|-------------------|
| Branch of U.S. Service | Date Entered (mo/yr) | Date Discharged (mo/yr) | Rank at Discharge |
| Nature of duties and any special training and honor received: | | | |

In submitting this application I understand that: Any material misrepresentation or omission of fact in this application or in connection may result in rejection of my application or my immediate dismissal if hired. I authorize The Polyclinic to investigate the foregoing, and any other information which may assist them to determine my qualifications for employment. I release and discharge The Polyclinic and all other parties from any claims, liability, or damages which may result from such investigation or the disclosure of information concerning my former or prospective employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of The Polyclinic. However, I further understand that neither the policies, rules regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offer is for an indefinite duration and at will and that either I or The Polyclinic may terminate my employment at any time with or without notice or cause.

Signature _____ Date _____