



McMurray Medical Building, 1536 N. 115<sup>th</sup> St, Suite 200, Seattle, WA 98133 · (206) 363-1004 FAX: 206-363-3548

### Application for Employment

POSITION (S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_

LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_

HOME CELL

How did you hear about this opening? . . . . . \_\_\_\_\_

If you are under 18, can you furnish a work permit? . . . . .  N/A  YES  NO

Have you ever been employed here before? . . . . .  YES  NO

Are you legally eligible for employment in this country? . . . . .  YES  NO  
(Proof of U.S Citizenship or immigration status will be required upon employment.)

If offered a position, date you would be available to start . . . . . \_\_\_\_\_

Type of employment desired:  Full-Time  Part-time  Temporary  Seasonal  Educational Co-op

Have you ever been convicted of a crime (misdemeanor or felony) or served time in prison or jail? . . . . .  YES  NO  
(Such conviction or service of time in prison or jail may be relevant but will not automatically bar you from employment.)

List all convictions for criminal offence incurred as an adult, regardless of how long ago. Include military convictions.

In accordance with RCW 43.43, et. seq., all applicants who **will or may** have unsupervised access to children sixteen years of age, or developmentally disabled persons, or vulnerable adults during the course of his/her employment must disclose whether the applicant has been:

- a) Convicted of any crime against children or other persons;
- b) Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;
- c) Found in any dependency action under RCW 13-34-040 to have sexually assaulted or exploited any minor or to have physically abused any minor;
- d) Found in any disciplinary board final decision to have sexually or physically abused or exploited developmentally disable person or to have abused or financially exploited any vulnerable adult; or
- f) Found by court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

I, \_\_\_\_\_, (print your name here) make the following disclosures:

**The above statements are made under penalty of perjury of the laws of the State of Washington.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at Seattle, Washington

Signature: \_\_\_\_\_

Pursuant to the provisions of RCW 43.43.832 and to the Request for Disclosure contained in the Application, a request for information will be forwarded to the Washington State Patrol seeking information regarding any record of application for convictions of offenses against children or other persons, convictions for crimes relation to financial exploitation, but only if the victim was vulnerable adult, adjudication's of child abuse in a civil action, the issuance of a protection order ageist the respondent under RCW 74.34 and disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. **An applicant may be employed on a conditional basis pending completion of the background investigation.** You will be notified of the response from the Washington State Patrol within ten days after receipt of the information and you will be provided a copy of the information. You may also independently request the same information from the Washington State Patrol at your own expense.

If required for position, driver's license number: \_\_\_\_\_ State: \_\_\_\_\_

WE ARE A TOTALLY NON-SMOKING ENVIRONMENT.

AN EQUAL OPPORTUNITY EMPLOYER  
APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR FROM DATE SIGNED

## SKILLS AND QUALIFICATIONS

Summarize skills and qualifications acquired from employment or other experiences that may qualify you for work with our Clinic

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## EDUCATIONAL BACKGROUND

| NAME AND LOCATION | DATES ATTENDED | DID YOU GRADUATE |        | COURSE OF STUDY |
|-------------------|----------------|------------------|--------|-----------------|
|                   |                | MAJOR            | DEGREE |                 |
| COLLEGE:          |                |                  |        |                 |
| OTHER:            |                |                  |        |                 |
| HIGH SCHOOL:      |                |                  |        |                 |

## WORK RELATED REFERENCES ONLY

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
|      |           |             |
|      |           |             |
|      |           |             |

## AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

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I authorize the aforementioned references to release to Summit Cardiology the following information regarding my employment history:

Salary     Attendance     Performance Reviews     Eligibility for Rehire

Signature of Applicant: \_\_\_\_\_

## CONFIDENTIALITY STATE

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I understand and agree that during my presence in this Clinic, for purposes of prospective employment, ongoing education, training, or as an authorized guest, I may be exposed to events and document that are privileged and confidential. The Federal Government has mandated under the Health Insurance Privacy Accountability Act (HIPPA) that all healthcare providers have a Notice of Privacy Practices (NPP). As a guest of this clinic, I am obligated to adhere to this NPP. I understand that serve civil and criminal penalties can be executed against me for failure to adhere to this policy.

Signature of Applicant: \_\_\_\_\_

**EMPLOYMENT HISTORY** List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Must be completed in detail. Please provide a copy of your resume to the clinic administrator.

|                       |     |                     |                     |
|-----------------------|-----|---------------------|---------------------|
| FROM:                 | TO: | EMPLOYER:           | TELEPHONE:          |
| JOB TITLE:            |     | ADDRESS:            |                     |
| IMMEDIATE SUPERVISOR: |     | REASON FOR LEAVING: |                     |
| TITLE:                |     | HOURLY RATE/SALARY: |                     |
|                       |     | Starting \$:        | Per: Final \$: Per: |

|                       |     |                     |                     |
|-----------------------|-----|---------------------|---------------------|
| FROM:                 | TO: | EMPLOYER:           | TELEPHONE:          |
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| IMMEDIATE SUPERVISOR: |     | REASON FOR LEAVING: |                     |
| TITLE:                |     | HOURLY RATE/SALARY: |                     |
|                       |     | Starting \$:        | Per: Final \$: Per: |

|                       |     |                     |                     |
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| IMMEDIATE SUPERVISOR: |     | REASON FOR LEAVING: |                     |
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|                       |     | Starting \$:        | Per: Final \$: Per: |

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