



APPLICATION FOR EMPLOYMENT

9621 Ridgetop Blvd. NW
Silverdale, WA 98383
Fax: (360) 782-3689
Email: HR@TheDoctorsClinic.com

ALL AREAS MUST BE COMPLETED IN FULL.
1. "SAVE" application to your computer.
2. Complete all sections.
3. Attach saved pdf to "Apply Now" form.
We keep applications for 1 year; duplicate submissions are not necessary.

DATE: _____
JOB# _____
POSITION(S) DESIRED: _____
EXPECTED SALARY: _____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____ OTHER NAMES: _____
PRIMARY PHONE #: _____ SECONDARY #: _____ SSN #: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____

Do you hereby attest under penalty of perjury, that you are a citizen or national of the United States of America (USA), an alien lawfully admitted for permanent residence in the USA or an alien who is authorized by United States law or by the United States Attorney General to be hired, recruited, or referred by employment by The Doctors Clinic?

Yes No Proof of citizenship status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

How did you hear about this position?

Online job board Our website

Other: _____

Name of employee referral: _____

Have you ever worked for The Doctors Clinic? Yes No

If yes, dates of employment:

From: _____ To: _____

Under what name? _____

Relatives employed at The Doctors Clinic?

Please provide their name(s): _____

EDUCATION

NAMES OF SCHOOL	LOCATION	YEAR COMPLETED	GRADUATED?	MAJOR/DEGREE
High School		1 2 3 4		
College		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Trade School		1 2 3 4		

AVAILABILITY

What schedule can you work?

Full time Part Time
Temporary Per Diem
Evenings Weekdays
Weekends Holidays
10-hour shifts 12-hour shifts

In what office(s) or location(s)?:

Poulsbo Port Orchard
Silverdale

MILITARY SERVICE

Branch: _____ Rank: _____

Date entered: _____ Date Discharged: _____

Duties, Special Training, Honors: _____

PROFESSIONAL REGISTRATION/LICENSURE

TYPE OF REGISTRATION OR LICENSE	NUMBER	STATE	DATE OF EXPIRATION

LICENSING ISSUES

Do you have any current restrictions on your license? Yes No

If not licensed in Washington, have you applied for reciprocity? Yes No

If you do not have required registration or license, have you applied? Yes No

If an examination is required, what date are you scheduled to take the examination?

Applications must be completed in full. A resume will NOT be used as a substitute.

EMPLOYMENT HISTORY Please list prior employers starting with current or last employer.

<p>Current or most recent employer: _____ _____ Address: _____ _____ Average hours per week: _____ Supervisor: _____ Phone: _____ May we contact? Yes No</p>	<p>Present or most recent job title: Specific duties: Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Current salary: _____</p>
<p>Employer: _____ Address: _____ _____ Average hours per week: _____ Supervisor: _____ Phone: _____ May we contact? Yes No</p>	<p>Job title: Specific duties: Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Ending salary: _____</p>
<p>Employer: _____ Address: _____ _____ Average hours per week: _____ Supervisor: _____ Phone: _____ May we contact? Yes No</p>	<p>Job title: Specific duties: Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Ending salary: _____</p>

APPLICANT'S CERTIFICATION

I certify that the statements in the application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize The Doctors Clinic to investigate and verify any of the information I have submitted in applying for employment with The Doctors Clinic. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release The Doctors Clinic from any liability for future references it may provide regarding my work history at The Doctors Clinic.

I understand that employment, if offered, will be at will of The Doctors Clinic and myself and may be terminated at any time by either party with or without reason or cause.

 Signature of Applicant (may be digital)

 Date