



# EMPLOYMENT APPLICATION

939 Caroline Street, Port Angeles WA 98362-3997  
 Human Resources Phone 360.417.7709 Fax 360.417.7307  
 www.olympicmedical.org

OMC is an equal opportunity employer and bases its employment decisions on merit, qualifications and abilities. We do not discriminate on the basis of any legally protected status including age, race, gender, religion, national origin, disability, marital status, sexual orientation and veteran status. Please let us know if you need accommodations in order to participate in the application process.

**INSTRUCTIONS:** Type or clearly print all information requested. Attach a supplemental sheet if additional space is needed. If you are completing this application online, please email the completed document to jobs@olympicmedical.org.

## GENERAL INFORMATION

NAME (Last, First, Middle Initial)		DATE
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		
EMERGENCY CONTACT NAME		TELEPHONE
ADDRESS		
CITY	STATE	ZIP

1. If you are under 18 years of age, can you provide required parental/school authorization to work?  No  Yes

2. Do you use tobacco products?  No  Yes. *Preference is given to qualified non-users.*

3. Have you worked at OMC before:  No  Yes. Most recent year employed:

4. Previous names you have gone by (if applicable):

5. List relatives working at OMC:

	Name	Department
	Name	Department
	Name	Department

6. Have you been debarred, excluded or deemed ineligible for participation in federal health care programs such as Medicare or Medicaid?  No  Yes

7. How did you learn of this job?  Ad  Friend  OMC Website  Other Website:

## POSITIONS APPLYING FOR AND JOB PERFORMANCE ABILITY

### PLEASE CHECK DIVISION FOR WHICH APPLICATION IS BEING SUBMITTED

Olympic Medical Center\*    
  Olympic Medical Home Health    
  Olympic Medical Physicians    
  All Divisions

\* Includes Olympic Memorial Hospital, Olympic Medical Imaging Center, Olympic Medical Cancer Center, Olympic Medical Physical Therapy and Rehabilitation, Olympic Medical Laboratory

### POSITION(S) APPLYING FOR (list the name of the position(s) and the posting number)

Position: 1.	Position: 8.
Position: 2.	Position: 9.
Position: 3.	Position: 10.
Position: 4.	Position: 11.
Position: 5.	Position: 12.
Position: 6.	Position: 13.
Position: 7.	Position: 14.

1. Are you able to perform all the essential functions of the position(s) as identified in the job description(s) for which you are applying with or without reasonable accommodation?  No  Yes

2. Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirements? If yes, please explain.  No  Yes

**EMPLOYMENT PREFERENCES AND AVAILABILITY**

1. Available for:  Full time  Part time  Temporary  On call (per diem)
2. Shifts you will work:  Days (1<sup>st</sup> shift)  Evening (2<sup>nd</sup> shift)  Nights (3<sup>rd</sup> shift)
3. Will you rotate shifts?  Yes  No
4. Will you work weekends?  Yes  No
5. Days available for work:  Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday
6. When can you start work? \_\_\_\_\_

**EDUCATION AND TRAINING** List college, business/trade school, military training and other relevant education.

Did you receive a high school diploma or GED?  No  Yes

College/Education After High School				
School Name And Location	Month and Year	Course of Study	Degree/Diploma/Certificate Type	Date Degree Received
	From: To:			
	From: To:			
	From: To:			
	From: To:			
	From: To:			

**PROFESSIONAL REGISTRATION AND LICENSURE**

Type of Registration or License	State	Number	Expiration Date

## EMPLOYMENT HISTORY

**Instructions: List the most recent (or current) position first. Include at least 10 years of history and account for any time gaps in your history including unemployment and military service. For our full consideration of your applicable experience please attach additional sheets as necessary.**

START DATE	END DATE	FINAL SALARY	MAY WE CONTACT?
EMPLOYER		SUPERVISOR'S NAME	PHONE
ADDRESS			
FINAL POSITION TITLE		REASON FOR LEAVING	
ADDITIONAL/PREVIOUS POSITIONS HELD AT THIS EMPLOYER?		<input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, LIST ALL POSITIONS AND DETAILS INCLUDING DATES IN EACH POSITION IN THE DESCRIPTION OF DUTIES SPACE BELOW	
BRIEF DESCRIPTION OF DUTIES			
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BRIEF DESCRIPTION OF DUTIES			

List additional training and/or experience which may qualify you for the position(s) desired.

**REFERENCES** PLEASE NOTE: You may be contacted via email through Skill Survey to submit the email addresses of your professional references. Please ensure the email address you have listed on page 1 of this application is active and accurate and please be prepared to list 5 professional references including at least 2 supervisor references (for new graduates, instructors/professors may fulfill the supervisor reference requirement).

Name/Title	Relationship (co-worker, supervisor, etc.)	Email	Phone

**AUTHORIZATIONS AND RELEASES**

**Accuracy And Completeness Of Application Material:** I certify that the information supplied in this application for employment and any information or materials submitted in the application process are true, accurate and complete to the best of my knowledge. I understand that incomplete, misleading or materially incorrect statements may render the application void. I understand that if I am hired, I can later be discharged for any material misrepresentation and/or omission in this application, in any supporting documents and/or in the application process.

**Consent To Verify Education, Employment History And Notification Of Required Background Check:** I understand that OMC will 1) verify my employment history, 2) educational credentials, 3) professional license and 4) conduct criminal and civil background checks as required by Washington State law. I consent to this verification and background check and release all parties connected with the verification from any and all claims, liability or damages arising as a result.

**Reference Check Authorization:** I understand that OMC requires references be obtained for every prospective employee. I understand that OMC and/or Skill Survey, on behalf of OMC, will conduct reference checks and I authorize them to obtain reference information from the individuals/organizations I have indicated as to the 1) ability to perform my job, 2) diligence, skill and reliability with which I carried out my duties and 3) any illegal or wrongful act committed that related to my duties.

**Waiver Of Claims:** I waive any and all potential claims of liability or alleged damages against any party connected with the request for information as provided for in this authorization.

**Drug Free Workplace Policy:** OMC conducts pre-employment drug screenings in accordance with Article I, section 7 of the Washington State Constitution.

**Direct Deposit Required:** I understand that direct deposit of salary is required for all employees and, if hired, I will be required to have a bank account and provide the appropriate banking information at the time that the initial employment forms are processed.

**Signature:** If you are completing the application online, please type your initials and the date below to acknowledge that you agree to the above information. Email the completed application to [jobs@olympicmedical.org](mailto:jobs@olympicmedical.org).

INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

If you are completing the application by hand, please sign and date below to acknowledge that you agree to the above information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Please complete the Disclosure Statement  
on the following page.



# DISCLOSURE STATEMENT

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 Human Resources Phone 360.417.7709 Fax 360.417.7307  
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When considering individuals for employment, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of Olympic Medical Center patients, staff, volunteers, property, resources and the general public. A conviction/criminal history record does not necessarily disqualify an individual for employment. Please complete the following information. This form must be completed and signed to be considered for employment.

Applicant \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle Initial

<b>I. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION</b>		
Have you been convicted of any of the following crimes in the last 10 years? <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		
If YES, please check all that apply and provide detailed information in Section VI.		
<input type="checkbox"/> Arson (1 <sup>st</sup> degree) <input type="checkbox"/> Assault (custodial) <input type="checkbox"/> Assault (simple or 4 <sup>th</sup> degree) <input type="checkbox"/> Assault (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Assault of a Child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Burglary (1 <sup>st</sup> degree) <input type="checkbox"/> Child Abandonment <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020) <input type="checkbox"/> Child Buying or Selling <input type="checkbox"/> Child Molestation (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Communication with a Minor <input type="checkbox"/> Criminal Abandonment <input type="checkbox"/> Criminal Mistreatment (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Custodial Interference (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Custodial Sexual Misconduct (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Endangerment w/controlled substance	<input type="checkbox"/> Extortion (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Forgery <input type="checkbox"/> Incest <input type="checkbox"/> Indecent Exposure (Felony) <input type="checkbox"/> Indecent Liberties <input type="checkbox"/> Kidnapping (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Malicious Harassment <input type="checkbox"/> Manslaughter (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Murder (Aggravated) <input type="checkbox"/> Murder (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Patronizing of a Juvenile Prostitute <input type="checkbox"/> Promoting Pornography <input type="checkbox"/> Promoting Prostitution (1 <sup>st</sup> degree) <input type="checkbox"/> Prostitution <input type="checkbox"/> Rape (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Rape of a Child (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree)	<input type="checkbox"/> Robbery (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor <input type="checkbox"/> Sexual Exploitation of a Minor <input type="checkbox"/> Sexual Misconduct with a Minor (1 <sup>st</sup> , 2 <sup>nd</sup> degree) <input type="checkbox"/> Theft (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> degree) <input type="checkbox"/> Unlawful Imprisonment <input type="checkbox"/> Vehicular Homicide <input type="checkbox"/> Violation of Child Abuse Restraining Order <input type="checkbox"/> Or any of these crimes that may have been renamed
<b>II. RELATED PROCEEDINGS</b>		
Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing or protection proceeding to have sexually assaulted or exploited, sexually or physically abused, a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? If YES, please provide detailed information in Section VI. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		
<b>III. DRUG-RELATED CRIMES</b>		
Have you ever been convicted of a crime related to the manufacture of, delivery or possession with intent to manufacture or deliver a controlled substance? If YES, please provide details in Section VI. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		
<b>IV. MEDICARE FRAUD-RELATED CRIMES</b>		
Have you ever been debarred, excluded or otherwise deemed ineligible for participation in federal health care programs? If YES, please provide details in Section VI. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		
<b>V. HEALTH CARE LICENSURE</b>		
Have you ever had your license as a health care practitioner revoked? If YES, please provide detailed information in Section VI. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>		

# DISCLOSURE STATEMENT

## VI. DETAILS FOR ALL ITEMS CHECKED ABOVE

For all items checked in Sections I – V, please specify: 1) the specific details including the court or agency involved, 2) conviction or action date(s), 3) sentence(s) or penalty(ies) imposed, 4) prison release date(s) and 5) current standing (e.g. parole, work release, suspended license, etc.). Please attach additional sheets if necessary.

## VII. GENERAL CONVICTION INFORMATION

Aside from those crimes listed above, within the past 10 years have you ever been convicted of or released from prison for any other crimes excluding parking tickets/traffic citations? If YES, please indicate all conviction dates, prison release dates and the nature of the offense(s). Please attach additional sheets if necessary.  No  Yes

## VIII. CERTIFICATION STATEMENT

Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditional upon receipt of a satisfactory report from the Washington State Patrol, other law enforcement agencies and state agencies responsible for licensed healthcare personnel.

If completing the application **online**, please type your initials and the date below to acknowledge that you agree to the above information. Email the completed application to [jobs@olympicmedical.org](mailto:jobs@olympicmedical.org).

INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

If completing the application **by hand**, please sign and date below to acknowledge that you agree to the above information.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_