



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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2. Do you use tobacco products? <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Preference is given to qualified non-users.</i>		
3. Have you worked at OMC before: <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
7. How did you learn of this job? <input type="checkbox"/> Ad <input type="checkbox"/> Friend <input type="checkbox"/> OMC Website <input type="checkbox"/> 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 (1st shift) Evening (2nd shift) Nights (3rd 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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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.

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: _____