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. List relatives working at OMC:

Name	Department
Name	Department
Name	Department

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

6. Have you been convicted of an offense in the past ten (10) years? A 'yes' answer does not necessarily bar you from employment BUT you must provide the details on the Disclosure Statement. ☐ No ☐ Yes

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

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 Date received: _____

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

List the most recent (or current) employer first. Include at least 10 years of history and account for any time gaps in your history including unemployment and military service. Attach additional sheet if necessary.

START DATE	END DATE	FINAL SALARY	MAY WE CONTACT?
EMPLOYER		SUPERVISOR'S NAME	PHONE
ADDRESS			
FINAL POSITION TITLE		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES			
START DATE	END DATE	FINAL SALARY	MAY WE CONTACT?
EMPLOYER		SUPERVISOR'S NAME	PHONE
ADDRESS			
FINAL POSITION TITLE		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES			
START DATE	END DATE	FINAL SALARY	MAY WE CONTACT?
EMPLOYER		SUPERVISOR'S NAME	PHONE
ADDRESS			
FINAL POSITION TITLE		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES			
START DATE	END DATE	FINAL SALARY	MAY WE CONTACT?
EMPLOYER		SUPERVISOR'S NAME	PHONE
ADDRESS			
FINAL POSITION TITLE		REASON FOR LEAVING	
BRIEF DESCRIPTION OF DUTIES			

Previous Name (if applicable): ______________________________

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

REFERENCES

List three persons OTHER THAN RELATIVES OR PERSONAL FRIENDS who have knowledge of your work experience and/or education.

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

AUTHORIZATIONS AND RELEASES

Accuracy And Completeness Of Application Materials. 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 will conduct reference checks and I authorize them to obtain reference information from the individuals/organizations I have listed 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.

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 _____

OLYMPIC MEDICAL CENTER

DISCLOSURE STATEMENT

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

I. CRIMES AGAINST PERSONS AND CRIMES RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the following crimes as either an adult or a juvenile? ☐ No ☐ Yes

If YES, please check all that apply and provide detailed information in Section VI.

- ☐ Arson (1st degree)
- ☐ Assault (custodial)
- ☐ Assault (simple or 4th degree)
- ☐ Assault (1st, 2nd, 3rd degree)
- ☐ Assault of a Child (1st, 2nd 3rd degree)
- ☐ Burglary (1st degree)
- ☐ Child Abandonment
- ☐ Child Abuse or Neglect (RCW 26.44.020)
- ☐ Child Buying or Selling
- ☐ Child Molestation (1st, 2nd, 3rd degree)
- ☐ Communication with a Minor
- ☐ Criminal Abandonment
- ☐ Criminal Mistreatment (1st, 2nd degree)
- ☐ Custodial Interference (1st, 2nd degree)
- ☐ Custodial Sexual Misconduct (1st, 2nd degree)
- ☐ Endangerment w/controlled substance
- ☐ Extortion (1st, 2nd, 3rd degree)
- ☐ Forgery
- ☐ Incest
- ☐ Indecent Exposure (Felony)
- ☐ Indecent Liberties
- ☐ Kidnapping (1st, 2nd degree)
- ☐ Malicious Harassment
- ☐ Manslaughter (1st, 2nd degree)
- ☐ Murder (Aggravated)
- ☐ Murder (1st, 2nd degree)
- ☐ Patronizing of a Juvenile Prostitute
- ☐ Promoting Pornography
- ☐ Promoting Prostitution (1st degree)
- ☐ Prostitution
- ☐ Rape (1st, 2nd, 3rd degree)
- ☐ Rape of a Child (1st, 2nd, 3rd degree)
- ☐ Robbery (1st, 2nd degree)
- ☐ Selling/Distributing Erotic Material to a Minor
- ☐ Sexual Exploitation of a Minor
- ☐ Sexual Misconduct with a Minor (1st, 2nd degree)
- ☐ Theft (1st, 2nd, 3rd degree)
- ☐ Unlawful Imprisonment
- ☐ Vehicular Homicide
- ☐ Violation of Child Abuse Restraining Order
- ☐ Or any of these crimes that may have been renamed

II. RELATED PROCEEDINGS

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. ☐ No ☐ Yes

III. DRUG-RELATED CRIMES

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. ☐ No ☐ Yes

IV. MEDICARE FRAUD-RELATED CRIMES

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. ☐ No ☐ Yes

V. HEALTH CARE LICENSURE

Have you ever had your license as a health care practitioner revoked? If YES, please provide detailed information in Section VI. ☐ No ☐ Yes

DISCLOSURE STATEMENT continued

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 conditioned on your receipt of a satisfactory report from the Washington State Patrol, other law enforcement agencies or state agencies responsible for licensed healthcare personnel.

If you are completing the application **online,** please type your initials and the date below to acknowledge that you agree to the above information.

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: _____