



Employment Application

521 Adams Avenue, Morton WA 98356

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Revised 01/19

Equal Opportunity: Employment with Arbor Health is available to all persons who are qualified and who we consider to be the best match for the job. We are EEO/ADA compliant. All qualified applicants will receive consideration for employment without regard to race, color, ancestry, national origin, sex, gender, gender expression and identity, sexual orientation, age, disability, genetic information, religion, marital, military or veteran status, or any other basis prohibited by local, state, or federal law. Reasonable accommodations to complete this application or during the interview process are available. Please notify our Human Resources Department.

Notice: It is the policy of Arbor Health to conduct background checks on all applicants for employment and current employees on an annual basis. By signing this application form, you acknowledge that we will perform a pre-employment investigation concerning prior criminal convictions and other background information we consider relevant to your eligibility or suitability for the job. We are a drug-free workplace and pre-employment drug testing is required.

Position Applied For: _____ **Date:** _____

Name: _____
Last First Middle

Mailing Address: _____
Street or PO Box City State Zip

Professional License # _____ **Email** _____

Phone: (____) _____ (____) _____ (____) _____
Home Cell Daytime

Have you been previously employed here? ___ Yes ___ No When? _____

Have you previously applied for employment here? ___ Yes ___ No When? _____

Do you have any relatives employed here? ___ Yes ___ No If yes, please indicate name(s) and their relationship to you.

If you are under 18, can you furnish a work permit? ___ Yes ___ No

Are you legally eligible to work in the United States? ___ Yes ___ No

EDUCATION

High School: _____ Graduate? ___ Yes ___ No or GED? ___ Yes ___ No

College: _____ Graduate? ___ Yes ___ No Year: _____ Degree: _____

College: _____ Graduate? ___ Yes ___ No Year: _____ Degree: _____

Other: _____

If any of your education was under a different name, please give your previous name(s): _____

EMPLOYMENT HISTORY

Please list your current or most recent employer first. Include all employers from the past seven (7) years as well as any self employment. Account for any time gaps in your employment history by identifying and explaining any periods of unemployment or military service. (Attach additional sheets if necessary.) Please complete this section even if you are attaching a resume – **“See Resume” is not sufficient.**

If you are currently employed may we contact your current employer? Yes No

If not, why not? _____

1. Name of Employer: _____

Address: _____

Street City State Zip

Phone: (____) _____ Dates Employed (mo/yr) From: _____ To: _____

Supervisor: _____ Eligible for rehire? Yes No

Job title/duties: _____

Starting Salary: _____ per hour _____ per month Finishing Salary: _____ per hour _____ per month

Reason for Leaving:

2. Name of Employer: _____

Address: _____

Street City State Zip

Phone: (____) _____ Dates Employed (mo/yr) From: _____ To: _____

Supervisor: _____ Eligible for rehire? Yes No

Job title/duties: _____

Starting Salary: _____ per hour _____ per month Finishing Salary: _____ per hour _____ per month

Reason for leaving:

3. Name of Employer: _____

Address: _____

Street City State Zip

Phone: (____) _____ Dates Employed (mo/yr) From: _____ To: _____

Supervisor: _____ Eligible for rehire? Yes No

Job title/duties: _____

Starting Salary: _____ per hour _____ per month Finishing Salary: _____ per hour _____ per month

Reason for leaving:

Did you work for any of the above employers under a different name? If so, please circle the number to each one and give your previous name(s)

SKILLS OR SPECIAL TRAINING

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

Mark "T" if you have **training** in the skill, "E" if you have **experience** in the skill, and "B" if you have **both**.

BUSINESS	GENERAL	PATIENT CARE
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Floor Care (Manual)	<input type="checkbox"/> Emergency Room
<input type="checkbox"/> Computers (List programs used below)	<input type="checkbox"/> Floor Care (Machines)	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Maintenance (General)	<input type="checkbox"/> Med/Surg
<input type="checkbox"/> Ten-Key Adding Machine	<input type="checkbox"/> Maintenance (Craft)	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Electrical	<input type="checkbox"/> Oncology
<input type="checkbox"/> Transcription	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> PBX/Reception	<input type="checkbox"/> Building	<input type="checkbox"/> Outpatient
<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Electronics	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Small Power Tools	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Medical Terminology		
Other: _____	Other: _____	Other: _____

Comments: _____

List any foreign language(s) and check the one that best describes your skill level.

Language	Read/Write/Speak	Read/Write	Read/Speak	Read Only	Speak Only
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONAL REFERENCES

Please list three people who know your performance at work, school, or in a voluntary service capacity. Do not list members of your family or close relatives.

1. Name: _____
Address: _____
Street City State Zip
Phone: () Relationship: _____

2. Name: _____
Address: _____
Street City State Zip
Phone: () Relationship: _____

3. Name: _____
Address: _____
Street City State Zip
Phone: () Relationship: _____

BACKGROUND

A "yes" answer to the following questions will not automatically bar you from employment. Factors such as job duties and responsibilities, age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Information regarding expunged juvenile records need not be disclosed:

Have you ever been debarred, excluded or otherwise been declared ineligible for participation in federal health care programs? ___ Yes ___ No

Within the last 10 years, have you been convicted of, or plead guilty or no contest to, any criminal offense? ___ Yes ___ No

Within the last 10 years, have you been released from incarceration or confinement for a criminal offense? ___ Yes ___ No

If you answered yes to any of the questions above, please explain fully:

JOB PERFORMANCE ABILITY

Given your knowledge, skills, abilities education and experience, are you able to perform, on a regular basis all the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the job description?

Yes No

WORK AVAILABILITY

Full-time Part-time Casual Part-time

If Casual Part-time, indicate availability _____

Indicate shift(s) you will work:

1st shift – days 2nd shift-evening 3rd shifts – nights

Will you rotate shifts? Yes No Will you work weekends? Yes No

Please indicate days you are available to work.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I certify that all answers and statements I have made on this application (and in my resume or other supplementary materials submitted in conjunction with my application for employment, if any), as well as any facts I represent orally in any interview, are accurate, true and complete without omissions. I understand and agree that any false information or omission will be grounds for rejection of my application and will be grounds for my immediate termination if discovered after I am offered employment or am employed.

I understand, acknowledge, and authorize Arbor Health to make inquiry of and contact any former employers, supervisors, educational institutions or personal references listed above or otherwise known or discovered by Arbor Health, and I authorize any of the persons, organizations, or institutions named in this application or in any other documents provided in conjunction with this application to give Arbor Health complete information and records that may be required to make a hiring decision. I also understand that Arbor Health may conduct, and I hereby consent to, a thorough background investigation conducted by Arbor Health or any third party, including examination of records maintained by law enforcement agencies, courts and educational institutions, an investigation of my credit, and an examination of my driving record. I release Arbor Health and all other persons and entities without limitation from all claims, liabilities, and damages for whatever reason arising out of or related to any background investigations or disclosures related to the evaluation of my fitness for employment.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Arbor Health's interest, nor will I become engaged in such activity or business if employed. I also certify that I am not bound by any agreement that would limit my ability to work for Arbor Health.

I understand that as a final step in the hiring process I will be required to submit to a screening for illegal use of drugs. Applicants who have a verified positive result on this drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical examination. I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

In the event I am offered and accept a position with Arbor Health, in consideration of my employment, I agree that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Arbor Health or myself. I understand that no representative of Arbor Health, other than the Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Arbor Health advances any paid leave before it has been accrued, or advances or loans me money during the course of my employment, or if I lose, damage, or fail to return any company property, then Arbor Health is authorized to deduct from my wages or final payment of wages sufficient funds to repay such loans or advances or to replace its property.

I further agree to comply with the rules, policies, and procedures of Arbor Health. I understand that Arbor Health retains the right to revise its rules, policies, or procedures, in whole or in part, at any time.

Signature of Applicant: _____

Date: _____/_____/_____