

## EMPLOYMENT APPLICATION

|   |  |  |
|---|--|--|
| <b>Personal Information:</b>  |  |  |
| Name: _____   |  | Other name(s) worked under: _____              |
| Address: _____  |  | City: _____ State: _____ Zip: _____            |
| Primary Phone #: _____  |  | Alternative Phone #: _____                     |
| Are you at least 18 yrs old?    Yes    No   |  | Desired Salary: \$ _____/Hour or \$ _____/Year |
| Eligible to work in the USA?    Yes    No <i>(Proof of eligibility will be required upon offer of employment)</i>   |  |  |
| <b>Position applied for:</b> _____  |  | <b>Application Date:</b> _____                 |
| Full Time    Part time    Either  | Available:    Days    Evenings    Weekends |  |
| <b>Applying for location(s):</b>  | Family Health Associates                   | FCN Urgent Care Center                         |
| FCN: Administration   | Ferndale Family Medical Center             | North Sound Family Medicine                    |
| Birch Bay Family Medicine   | Foster Family Medicine                     | Spady Medical Clinic                           |
| Blackwell, Binder, & Bloom  | Lynden Family Medicine                     | Squalicum Family Medicine                      |
| Bunks Medical Center  | FCN Medical Testing Center                 | Stockburger Family Medicine                    |
| Have you ever applied at an FCN location before?  |  | No    Yes                                      |
| (If yes, when & where: _____)   |  |  |
| Have you ever worked for FCN (formerly CompPASS) before?  |  | No    Yes                                      |
| (If yes, when & where: _____)   |  |  |
| Are you related to anyone currently employed by FCN?  |  | No    Yes                                      |
| (If yes, name & relationship: _____)  |  |  |
| Have you ever been fired or asked to resign from a job?   |  | No    Yes                                      |
| (If yes, please explain: _____)   |  |  |
| Have you ever been convicted of a crime, other than a minor traffic violation? <i>(A conviction will not necessarily disqualify you. You are not required to disclose sealed or expunged records)</i> |  | No    Yes                                      |
| (If yes, please explain: _____)   |  |  |

## EDUCATION

|                             | Name & Location | Major | Graduate? | Degree |
|-----------------------------|-----------------|-------|-----------|--------|
| <b>High School</b>          |                 |       | Yes    No |        |
| <b>College/Trade School</b> |                 |       | Yes    No |        |
| <b>College/Trade School</b> |                 |       | Yes    No |        |
| <b>College/Trade School</b> |                 |       | Yes    No |        |

### PREVIOUS EMPLOYMENT

Include any gaps in employment - attach another sheet if necessary.

|                                     |                       |           |               |            |                                       |
|-------------------------------------|-----------------------|-----------|---------------|------------|---------------------------------------|
| <b>Current/most recent employer</b> | <b>Dates</b>          |           | <b>Salary</b> |            | <b>Name &amp; Title of Supervisor</b> |
|                                     | <b>From</b>           | <b>To</b> | <b>Start</b>  | <b>End</b> |                                       |
|                                     |                       |           |               |            |                                       |
| <b>Address</b>                      | <b>Title:</b>         |           |               |            | <b>May we contact? Yes No</b>         |
|                                     | <b>Primary Duties</b> |           |               |            | <b>Hours/Week:</b>                    |
|                                     |                       |           |               |            |                                       |
| <b>Phone</b>                        |                       |           |               |            |                                       |
| <b>Reason for Leaving:</b>          |                       |           |               |            |                                       |

|                            |                        |           |               |            |                                       |
|----------------------------|------------------------|-----------|---------------|------------|---------------------------------------|
| <b>Previous employer</b>   | <b>Dates</b>           |           | <b>Salary</b> |            | <b>Name &amp; Title of Supervisor</b> |
|                            | <b>From</b>            | <b>To</b> | <b>Start</b>  | <b>End</b> |                                       |
|                            |                        |           |               |            |                                       |
| <b>Address</b>             | <b>Title:</b>          |           |               |            | <b>May we contact? Yes No</b>         |
|                            | <b>Primary Duties:</b> |           |               |            | <b>Hours/Week:</b>                    |
|                            |                        |           |               |            |                                       |
| <b>Phone</b>               |                        |           |               |            |                                       |
| <b>Reason for Leaving:</b> |                        |           |               |            |                                       |

|                            |                        |           |               |            |                                       |
|----------------------------|------------------------|-----------|---------------|------------|---------------------------------------|
| <b>Previous employer</b>   | <b>Dates</b>           |           | <b>Salary</b> |            | <b>Name &amp; Title of Supervisor</b> |
|                            | <b>From</b>            | <b>To</b> | <b>Start</b>  | <b>End</b> |                                       |
|                            |                        |           |               |            |                                       |
| <b>Address</b>             | <b>Title:</b>          |           |               |            | <b>May we contact? Yes No</b>         |
|                            | <b>Primary Duties:</b> |           |               |            | <b>Hours/Week:</b>                    |
|                            |                        |           |               |            |                                       |
| <b>Phone</b>               |                        |           |               |            |                                       |
| <b>Reason for Leaving:</b> |                        |           |               |            |                                       |

|                            |                        |           |               |            |                                       |
|----------------------------|------------------------|-----------|---------------|------------|---------------------------------------|
| <b>Previous employer</b>   | <b>Dates</b>           |           | <b>Salary</b> |            | <b>Name &amp; Title of Supervisor</b> |
|                            | <b>From</b>            | <b>To</b> | <b>Start</b>  | <b>End</b> |                                       |
|                            |                        |           |               |            |                                       |
| <b>Address</b>             | <b>Title:</b>          |           |               |            | <b>May we contact? Yes No</b>         |
|                            | <b>Primary Duties:</b> |           |               |            | <b>Hours/Week:</b>                    |
|                            |                        |           |               |            |                                       |
| <b>Phone</b>               |                        |           |               |            |                                       |
| <b>Reason for Leaving:</b> |                        |           |               |            |                                       |

**PROFESSIONAL LICENSURE/MEMBERSHIP**

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

|                       |
|-----------------------|
| <b>License(s):</b>    |
| <b>Membership(s):</b> |

**COMPUTER SKILLS**

Please write the number of years experience you have with the following applications.

|                        |  |                     |                           |
|------------------------|--|---------------------|---------------------------|
| <b>Applications:</b>   |  |                     |                           |
| Email: _____           | _____ Outlook                          | _____ Quattro Pro   | _____ Other: _____        |
| Spreadsheet: _____     | _____ MS Excel                         | _____ WordPerfect   | _____ Other: _____        |
| Word Processing: _____ | _____ MS Word                          | _____ Paradox       | _____ Other: _____        |
| Database: _____        | _____ MS Access                        | _____ MS PowerPoint | _____ Other: _____        |
| Misc: _____            | _____ MS PowerPoint                    | _____ MS Visio      | _____ Other: _____        |
| Medical: _____         | _____ Centricity (Logician)            | _____ Millbrook     | _____ CareCast (LastWord) |
|                        | _____ Other EMR applications:<br>_____ |                     |                           |

**ADDITIONAL SKILLS OR QUALIFICATIONS**

Is there anything else you'd like to share about your work experience, education, or skills?

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**PROFESSIONAL REFERENCES**

(Recent Grads: school instructors/professors/counselors may be listed if you don't have 3 professional references)

| Name | Job Title | Phone Number | When & where did you work with them? | Years Known |
|------|-----------|--------------|--------------------------------------|-------------|
|      |           |              |                                      |             |
|      |           |              |                                      |             |
|      |           |              |                                      |             |

**APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Family Care Network (FCN) that such employment with FCN is at will, for no specified duration and may be terminated by either FCN or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of FCN or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of FCN except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of FCN.

In consideration for employment with FCN, if employed, I agree to conform to the rules, regulations, policies and procedures of FCN at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FCN's business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action up to and including termination.

I understand that if offered a position with FCN, I will be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed. I also understand that if I have ever lost privileges to HInet or PeaceHealth systems (ie: Carecast or ImageCast), will result in the withdrawal of the offer of employment.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FCN and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below, I acknowledge that I have read, understood, and agree to the above statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_