



EMPLOYMENT APPLICATION

Please Print Legibly

For Management Use Only

| |
|---|
| Manager: _____ |
| Interview Date: _____ or If No Interview |
| Reason: _____ |

PERSONAL INFORMATION

| | | |
|--|-----------------------|--------------------------------------|
| First: _____ | Middle Initial: _____ | Last: _____ |
| Other Name(s) You Have Worked Under: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Home Phone Number: () _____ | | Alternate Phone Number: () _____ |

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|---|
| Position Applied For: _____ |
| If applying for a nursing position you must include a copy of your current WA State nursing license with the application. |
| Full-Time____ Part-Time____ Other____ Salary Desired: \$ _____ /hr or \$ _____ /yr |
| Are You Eligible to Work in the United States? Yes____ No____ If hired you will be required to provide legal documentation of your eligibility to work in the United States. |
| Are You Over 18 Years Old? Yes____ No____ |

EDUCATION

Please list all High Schools, Colleges, Universities, and/or trade schools attended

| |
|--|
| High School: _____ |
| Did You Graduate? Yes____ No____ If No, Did You Earn a GED? Yes____ No____ |
| College/University/Trade School: _____ |
| Did You Graduate? Yes____ No____ Degree: _____ |
| College/University/Trade School: _____ |
| Did You Graduate? Yes____ No____ Degree: _____ |
| College/University/Trade School: _____ |
| Did You Graduate? Yes____ No____ Degree: _____ |

PREVIOUS EMPLOYMENT

List current or most recent employment first

| | |
|-----------------|--|
| Employer: | From(date): / / |
| Address: | To(date): / / |
| Phone: () | Starting Wage:\$ /hr or \$ /yr |
| Job Title: | Ending Wage: \$ /hr or \$ /yr |
| Primary Duties: | Hours/Week: |
| | Supervisor: |
| | Reason For Leaving: |
| | |

| | |
|-----------------|--|
| Employer: | From(date): / / |
| Address: | To(date): / / |
| Phone: () | Starting Wage:\$ /hr or \$ /yr |
| Job Title: | Ending Wage: \$ /hr or \$ /yr |
| Primary Duties: | Hours/Week: |
| | Supervisor: |
| | Reason For Leaving: |
| | |

| | |
|-----------------|--|
| Employer: | From(date): / / |
| Address: | To(date): / / |
| Phone: () | Starting Wage:\$ /hr or \$ /yr |
| Job Title: | Ending Wage: \$ /hr or \$ /yr |
| Primary Duties: | Hours/Week: |
| | Supervisor: |
| | Reason For Leaving: |
| | |

* If you need more space to provide employment information please attach on a separate piece of paper.

COMPUTER SKILLS

Applications and Operating Systems

Please write the number that corresponds to the statement which best describes your skill level for each item below:

- 1. Very Comfortable (4yrs+ experience)
- 2. Somewhat Comfortable (2-4yrs experience)
- 3. Familiar (0-2yrs experience)
- 4. Unfamiliar (no experience)

| Microsoft Operating System | Microsoft Office | E-mail Programs | Other |
|----------------------------|-------------------|--------------------|-------|
| _____ Windows 98 | _____ Excel | _____ Outlook | _____ |
| _____ Windows 2000 | _____ Word | _____ MSN Hotmail, | _____ |
| _____ Windows XP | _____ Access | AOL, or Yahoo | _____ |
| | _____ Power Point | | _____ |

Internet

Please write the number that corresponds to the statement which best describes your skill level for the item below:

- 1. Very Frequent User (Perform advanced tasks, such as making purchases online)
- 2. Frequent User
- 3. Familiar with Internet
- 4. Not Very Familiar with the Internet
- 5. Never Use the Internet

_____ Internet

PROFESSIONAL REFERENCES

Please furnish the names, addresses, and phone numbers of three (3) people to whom you have worked with, and to whom you are not related.

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|----------------|
| Name: |
| Address: |
| Phone: () |
| Name: |
| Address: |
| Phone: () |
| Name: |
| Address: |
| Phone: () |

PROFESSIONAL LICENSE, CERTIFICATION OR 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.

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|---|
| Type & Date of License(s) or Certification(s) Held: |
| |
| Professional Membership(s): |
| |

ADDITIONAL SKILLS OR QUALIFICATIONS

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CONVICTIONS

Have you ever been convicted, entered a plea of no contest, had adjudication withheld, or prosecution deferred for any crime except for minor traffic violations? (Convictions will not necessarily exclude you from consideration for employment. Family Care Network requires that all clinical staff, as a condition of employment, undergo state and federal criminal background checks.) Yes____ No____

If yes, explain in full indicating date, charge, place, under what name, and action taken below.

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ACCESS TO ONLINE SYSTEMS

Have you ever been denied access to an online system for breach of confidentiality (i.e. HInet, LastWord, Imagecast)? Yes____ No____ If yes, explain below.

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PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all the duties of the position I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions of fact will cause forfeiture on my part of all rights of employment with FCN. I authorize the company to investigate any and all statements contained in my application, my resume, or furnished by me during the interview process. For example, I understand that FCN may contact my schools, former and current employers and organizations which it feels may have information useful in making its hiring decision whether specifically listed on my application or not. I authorize any person(s) contacted to provide responsive information to the company, and release from liability and agree to hold harmless any person that furnishes such information to the company.

I understand that Family Care Network is a drug-free workplace and requires pre-employment drug testing for all potential employees.

If employed by the company, I understand that I will be an employee at will and that my employment with FCN may be terminated at any time by myself or FCN, with or without reason, advance notice, or warning. I also understand that if employed, I will be required to comply with all provisions in the FCN Employee Handbook, which may periodically be amended. I further understand that if employed by FCN no representative of FCN, other than the President, has any authority to modify or change my status as an employee at will and that any such modification must be in writing signed by the President and refer to me by name in order to be enforceable.

If you are applying for a clinical position or a position where you will have direct patient contact you agree to take the steps to minimize the risk of contracting or transmitting communicable diseases by complying with the company immunization policy and procedure.

Finally, I understand that this is only an application for employment and neither an offer of nor a contract of employment and no part of this application shall be construed as an offer of employment or an employment contract.

I have read, understand, and consent to these terms by signing below.

Signature: _____ Date: _____