

Moses Lake Community Health Center

605 Coolidge Drive; Moses Lake, WA 98837
 (509) 765-0674; Fax (509) 766-8993

APPLICATION FOR EMPLOYMENT

It is the policy of Moses Lake Community Health Center to provide equal employment opportunity to all qualified persons and that applicants and employees be treated fairly at all times without regard to race, color, sex, creed, religion, age, marital status, sexual orientation, national origin, political ideology, union activity, industrial injury, whistle blower activities, the presence of any sensory, mental or physical disability, veteran status, and any other basis that is prohibited by local, state or federal laws.

Instruction for completing the application: Please complete all sections even if you submit a resume or curriculum vitae. Completion of supplemental forms may also be required. Please review the job announcement and note any additional requirements. Submit by e-mail or print and mail hard copy to above address and attach or include resume or curriculum vitae. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Position(s) Applied For	<input type="text"/>	Date	<input type="text"/>
Type of Employment Desired	<input type="text"/>	Referral Source	<input type="text"/>
(Full-time, Part-time, Temporary, Per Diem, etc.)		(Newspaper, Online, Employee, etc.)	

Work Hours Available

Day of Week	<input type="radio"/> Sunday	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday	<input type="radio"/> Saturday
Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>	M.I.	<input type="text"/>
Mailing Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Home Phone	<input type="text"/>	Message Phone	<input type="text"/>		
Previous Names:	<input type="text"/>	Relatives Working for MLCHC:	<input type="text"/>		

If you are under the age of 18, can you provide proof of eligibility to work?	<input type="radio"/> Yes	<input type="radio"/> No
Are you legally qualified to work in the United States? (Proof is required upon hire)	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever applied for work with Moses Lake Community Health Center before?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever worked for Moses Lake Community Health Center?	<input type="radio"/> Yes	<input type="radio"/> No
Are you currently employed?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, may we contact your present employer?	<input type="radio"/> Yes	<input type="radio"/> No
Are you currently on layoff status and subject to recall?	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever been convicted of, or plead guilty to misdemeanor and/or felony? (A "yes" answer to this question will not necessarily bar the applicant from employment).	<input type="radio"/> Yes	<input type="radio"/> No

If yes, explain:

Can you perform the essential functions of the position for which you have applied? (If you have questions regarding essential functions, please ask before answering).	<input type="radio"/> Yes	<input type="radio"/> No
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If no, explain:

EDUCATION

Type of School	Name and Address of School	Subject/Major	Last Grade Completed	Graduated		Type of Degree
High School/GED			[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[]
College			[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[]
College			[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[]
Graduate School			[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[]
Business, Trade			[]	<input type="checkbox"/> Yes	<input type="checkbox"/> No	[]

LICENSES AND CERTIFICATIONS

Type of License or Certification	License or Certification Number	Expiration Date

ADDITIONAL EDUCATION, EXPERIENCE AND/OR QUALIFICATIONS

List any other education, training, seminars, experience, honors received or other qualifications, which you believe should be considered in evaluating your qualifications for employment. Please indicate any military service you would like considered.

PROFESSIONAL ORGANIZATIONS

List any professional, trade, business or civic organizations that are relevant to the position for which you are applying. (Exclude memberships which reveal gender, race, religion, national origin, age, disability or other protected status).

ADDITIONAL

State any additional information you feel may be helpful in considering your application.

EMPLOYMENT HISTORY

Name of Employer	Address	Telephone Number
Job Title(s)	<u>From</u> Employment Dates <u>To</u>	Salary/Wage
		<input style="width: 50px; height: 20px;" type="text"/>
Reason for Leaving	Immediate Supervisor Name and Title	Contact Number

Summarize the type of work performed and the job responsibilities

Name of Employer	Address	Telephone Number
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SKILLS OR SPECIAL TRAINING

Business		General Maintenance		Patient Care	
<input type="checkbox"/> Typing	<input type="checkbox"/> Personal Computers	<input type="checkbox"/> Floor Care (Manual)	<input type="checkbox"/> Floor Care (Machines)	<input type="checkbox"/> Sterilization	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Charting	<input type="checkbox"/> EMR
<input type="checkbox"/> Ten-key	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electronics	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Bookkeeping/Accounting	<input type="checkbox"/> Microsoft Outlook	<input type="checkbox"/> HVAC	<input type="checkbox"/> Power Tools (List Below)	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Geriatrics
<input type="checkbox"/> PBX/Reception	<input type="checkbox"/> Medical Terminology			<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Oncology
<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Medicare/Medicaid				

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

REFERENCES

List three professional or business references that are not related to you. If not applicable, list three school or personal references not related to you.

Name and Title	Address	Contact Number	Years Known

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signed By _____