



## APPLICATION FOR EMPLOYMENT

9621 Ridgetop Blvd. NW  
Silverdale, WA 98383  
Fax: (360) 782-3689  
Email: HR@TheDoctorsClinic.com

**ALL AREAS MUST BE COMPLETED IN FULL.**  
**1. "SAVE"** application to your computer.  
**2.** Complete all sections.  
**3.** Attach saved pdf to "Apply Now" form.  
We keep applications for 1 year; duplicate submissions are not necessary.

DATE: \_\_\_\_\_  
JOB# \_\_\_\_\_  
POSITION(S) DESIRED: \_\_\_\_\_  
\_\_\_\_\_  
EXPECTED SALARY: \_\_\_\_\_

### PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ OTHER NAMES: \_\_\_\_\_  
PRIMARY PHONE #: \_\_\_\_\_ SECONDARY #: \_\_\_\_\_ SSN #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

*Do you hereby attest under penalty of perjury, that you are a citizen or national of the United States of America (USA), an alien lawfully admitted for permanent residence in the USA or an alien who is authorized by United States law or by the United States Attorney General to be hired, recruited, or referred by employment by The Doctors Clinic?*

Yes No Proof of citizenship status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

How did you hear about this position?

Online job board Our website

Other: \_\_\_\_\_

Name of employee referral: \_\_\_\_\_

Have you ever worked for  
The Doctors Clinic? Yes No

If yes, dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Under what name? \_\_\_\_\_

Relatives employed at The Doctors Clinic?

Please provide their name(s): \_\_\_\_\_

### EDUCATION

NAMES OF SCHOOL	LOCATION	YEAR COMPLETED	GRADUATED?	MAJOR/DEGREE
High School		1 2 3 4		
College		1 2 3 4		
College		1 2 3 4		
Graduate School		1 2 3 4		
Trade School		1 2 3 4		

### AVAILABILITY

What schedule can you work?

Full time Part Time  
Temporary Per Diem  
Evenings Weekdays  
Weekends Holidays  
10-hour shifts 12-hour shifts

In what office(s) or location(s)?:

Poulsbo Port Orchard  
Silverdale

### MILITARY SERVICE

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Date entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Duties, Special Training, Honors: \_\_\_\_\_

### PROFESSIONAL REGISTRATION/LICENSURE

TYPE OF REGISTRATION OR LICENSE	NUMBER	STATE	DATE OF EXPIRATION

### LICENSING ISSUES

Do you have any current restrictions on your license? Yes No

If not licensed in Washington, have you applied for reciprocity? Yes No

If you do not have required registration or license, have you applied? Yes No

If an examination is required, what date are you scheduled to take the examination?  
\_\_\_\_\_

**Applications must be completed in full. A resume will NOT be used as a substitute.**

**EMPLOYMENT HISTORY** Please list prior employers starting with current or last employer.

<p>Current or most recent employer: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>Average hours per week: _____</p> <p>Supervisor: _____</p> <p>Phone: _____</p> <p>May we contact?    Yes    No</p>	<p>Present or most recent job title:</p> <p>Specific duties:</p> <p>Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Current salary: _____</p>
<p>Employer: _____</p> <p>Address: _____</p> <p>_____</p> <p>Average hours per week: _____</p> <p>Supervisor: _____</p> <p>Phone: _____</p> <p>May we contact?    Yes    No</p>	<p>Job title:</p> <p>Specific duties:</p> <p>Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Ending salary: _____</p>
<p>Employer: _____</p> <p>Address: _____</p> <p>_____</p> <p>Average hours per week: _____</p> <p>Supervisor: _____</p> <p>Phone: _____</p> <p>May we contact?    Yes    No</p>	<p>Job title:</p> <p>Specific duties:</p> <p>Reason for leaving:</p>	<p>FROM: Month/Year _____/_____ TO: Month/Year _____/_____ Starting salary: _____ Ending salary: _____</p>

**APPLICANT'S CERTIFICATION**

*I certify that the statements in the application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize The Doctors Clinic to investigate and verify any of the information I have submitted in applying for employment with The Doctors Clinic. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release The Doctors Clinic from any liability for future references it may provide regarding my work history at The Doctors Clinic.*

*I understand that employment, if offered, will be at will of The Doctors Clinic and myself and may be terminated at any time by either party with or without reason or cause.*

\_\_\_\_\_  
Signature of Applicant (may be digital)

\_\_\_\_\_  
Date