



Northwest Clinical Registry Employment Application

Personal Data

(First, Middle, Last)

Maiden Name

Social Security No.

Address (Street No., City, State, Zip Code)

Telephone

Email Address

Position Applying For

Other Positions You May Be Interested In

Salary Requirements

Hours Desired

- 40/Wk
- < 40/Wk
- On Call
- Any

Shifts Available

- Days
- Evenings
- Nights
- Any

Days Available

- Sun Th
- Mon Fr
- Tue Sat
- Wed

Preferred locations/site (hospitals, nursing homes, clinics, etc) of interest to work make a list. (City, State)

Professional Licensure

Applicant Declaration

Are you 16 or older?

- Yes No

Are you eligible to work in the United States legally?

- Yes No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

- Yes No If yes, gives dates and explanation (where, when, etc): _____

Have you ever been excluded from the Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law? Yes No.

If yes, please explain: _____

Have you ever been disciplined by professional or state ethics or licensing board? Yes No

If yes, please explain: _____

How did you find out about our company, positions? _____

Did anybody refer you to our company? Yes No. If yes, who? _____

Educational Information

High School			Diploma Program, Commercial or Technical		
Address			Address		
City	State	Postal Code	City	State	Postal Code
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
College or University			Graduate School		
Address			Address		
City			City		
Country			Country		
Major			Major		
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree

Employment Information

1. Employer (Most Recent)				2. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No.				Supervisor Name/Phone No.			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			
3. Employer				4. Employer			
Address				Address			
City/State/Postal Code				City/State/Postal Code			
Supervisor Name/Phone No				Supervisor Name/Phone No			
Start Date		End Date		Start Date		End Date	
Position		Average Hours Per Week		Position		Average Hours Per Week	
Starting Salary		Ending Salary		Starting Salary		Ending Salary	
Reason For Leaving				Reason For Leaving			

Equal Employment Opportunity Questionnaire

To All Applicants

Name

Date

Position Applied For

Sex Male Female

What Racial/Ethnic Category Do You Consider Yourself

- American Indian or Alaskan Native All persons having origins in any of the original people of North America.
- Asian or Pacific Islander All persons having origins in any of the original people of East, Southeast Asia, the Pacific Islands or Indian subcontinent. This area includes for example China, Japan, The Philippines Island and Samoa.
- Black Not of Hispanic Origin. All persons having origins in any of the Black racial groups.
- Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin.
- WHITE (not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, and the Middle East.

Vietnam Veteran

Did you serve active duty in the armed services (for a period of more than 180 days) between August 5, 1964 and May 7, 1975?

Yes No

Disabled Veteran

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes No If yes, list disability _____

Handicapped

Do you (1) have a physical or mental impairment, which substantially limits one, or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such impairment, or (4) have experienced difficulty, retaining or advancement in employment because of your handicapped? Yes No

Our company is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Most Recent Supervisor Name	Reference One
Company	Company
Telephone Number	Telephone Number
Position You Held	How Do You Know This Person?
May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference Two	Reference Three
Company	Company
Telephone Number	Telephone Number
How Do You Know This Person?	How Do You Know This Person?

Work Related References (No family members, relatives, or friends)

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of employment is contingent upon satisfactory completion of NW Clinical Registry's pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am hired by Northwest Clinical Registry, my employment will be for an indefinite period and will be "at will" which means that either Northwest Clinical Registry or I may terminate the employment relationship at anytime and for any reason or no reason.

I further understand that, if hired, my at-will employment status my only be changed in written contract signed by the management of Northwest Clinical Registry, and that no representative of Northwest Clinical Registry has the authority to make oral promise to me concerning my employment. Finally, I also understand that Northwest Clinical Registry may adopt, from time to time, policies or handbooks dealing with benefits and other terms or conditions of employment. These policies or handbooks do not constitute a contract of employment between Northwest Clinical Registry and me. Northwest Clinical Registry reserves the right to change or discontinue these policies and/or handbooks at any time with or without notice to me.

Northwest Clinical Registry strives to provide a safe, healthy and productive work environment and supports a smoke free, alcohol-free work environment.

Applicant Release Please read and sign below

Signature of Applicant

Date
