

# Application for Employment



Date Stamp \_\_\_\_\_

*The Washington Poison Center  
is an Equal Opportunity Employer*

155 NE 100<sup>th</sup> St, Suite 100  
Seattle, WA 98125-8007  
Administration (206) 517-2350 FAX (206) 526-8490

## PERSONAL DATA

Instructions: Please fill out application completely; an incomplete application may disqualify you. **Employment is contingent on the successful completion of a background check.** You will be contacted if you are selected for an interview. You will be required to provide legal proof of your authorization to work in the United States within 3 days, if you are hired. Employment is contingent upon providing the required documentation. If you require any accommodation to complete the application or interview process, please call the WPC Administration at (206) 517-2350.

Name	Last	First	Middle Initial	Home Telephone #
Address				Business/Message #
City	State	Zip Code	Social Security #	
Are you eligible to work in the U.S.?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, what type of work visa do you have?				
Expiration date			Are you age 18 or older?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

## POSITION DETAILS

Position Applying For	Heard About Job From:	Date Available to work
Work Availability		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Standby/Per Diem
<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night
		<input type="checkbox"/> Temporary
		<input type="checkbox"/> Weekends

## WAIVER

I understand that employment is contingent on the successful completion of a background check, and if hired by the Washington Poison Center, my employment will be of indefinite duration. The Washington Poison Center or I will be free to terminate this employment relationship at will and at any time. I further understand that any representations to the contrary are unauthorized and void, unless contained in a formal written employment contract signed by an officer or administrator of the Washington Poison Center. I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that, if employed, I will be subject to immediate dismissal if I have made any false statements, misrepresentations, or provided incomplete information in this application. I authorize the Washington Poison Center to check all information contained in or related to this application, including employment references, records of law enforcement agencies, educational institutions and licensing agencies. I release the Washington Poison Center and any individuals or organizations providing references or background information from any liability arising out of giving or receiving of such information. If employed, I further agree that if The Washington Poison Center advances any paid leave to me before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage or fail to return any of the Washington Poison Center's property, the Washington Poison Center is authorized to deduct from my wages sufficient funds to repay such loans, or advances, or to replace its property.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

## EDUCATION

<u>High school and location</u>			<u>Graduated</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
College or school after high school (include education in the military)			
<u>Name and Location</u>	<u>Academic major/skill/trade</u>	<u>Date (from / To)</u>	<u>Graduated</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## TECHNICAL SKILLS

Typing _____ wpm    _____ Years Transcription/Dictaphone _____ Years Medical Terminology _____ Years Computers Systems used : _____ Years Word Processing Software used: _____ Years	Spreadsheets/databases - Software used: _____ Years Medical information systems - Systems used: _____ Years Other _____ Years _____ Years _____ Years
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## WORK EXPERIENCE

List most recent employer FIRST. Include all jobs you have had during the last 10 years (attach additional sheets if necessary), and account for any time gaps in employment, including any military service. A resume may be attached in addition to completion of the application. An incomplete application may disqualify you.

1. Name of employer	Position Title
Address	Description of duties
Telephone number                      Supervisor	
Dates employed From /To                      Number of hours/week worked	
Reason for leaving	
Final salary                      Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Name of employer	Position Title
Address	Description of duties
Telephone number                      Supervisor	
Dates employed From /To                      Number of hours/week worked	
Reason for leaving	
Final salary                      Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Name of employer	Position Title
Address	Description of duties
Telephone number Supervisor	
Dates employed From /To Number of hours/week worked	
Reason for leaving	
Final salary Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Name of employer	Position Title
Address	Description of duties
Telephone number Supervisor	
Dates employed From /To Number of hours/week worked	
Reason for leaving	
Final salary Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Name of employer	Position Title
Address	Description of duties
Telephone number Supervisor	
Dates employed From /To Number of hours/week worked	
Reason for leaving	
Final salary Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you attend school, serve in the military or work for any of the above under a different name?

Previous name:

### CERTIFICATION / REGISTRATION / LICENSURE

If applicable to position, type of certification, registration or license required:  
(document required on first day of employment)

State	Number	Date of expiration
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### HUMAN RESOURCE INFORMATION

Starting Date	Starting pay rate	Department/Unit
Position Title	License checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
Hiring Authority/s Signature	References checked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date