

Positions applying for:

- 1. _____
- 2. _____
- 3. _____

Name _____

Date _____

Date HR Received _____

APPLICATION FOR EMPLOYMENT

Kadlec Clinic is an equal opportunity employer and does not discriminate on the basis of race, gender, age, color, religion, national origin, marital status, veteran status, disability status or any other basis prohibited by law. Please let us know if you need accommodations in order to participate in the application process.



Human Resources Department

Mailing address:
888 Swift Blvd.
Richland, WA 99352

Physical address:
945 Goethals St., Suite 200
Richland, WA 99352

Phone (800) 765-1140 • Fax (509) 942-2906
Email: jobs@kadlecmed.org • www.kadlecmed.org

An Equal Opportunity Employer

PERSONAL

Name: Last	First	MI
Address: Street	City	ST Zip
Telephone: Home	Cell	Work
E-Mail Address:	Date you read job description:	

POSITIONS APPLYING FOR

1.	Date Available	Salary Desired
2.	Hours available	
3.	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per Diem <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	

SKILLS

Check the skills that you possess: Computer (list software) _____

Typing _____ wpm
 Medical Terminology
 Insurance Billing/Coding
 Transcription

Other (please list) _____
 Languages (please list) _____

Professional License/Certification	State Issued	Expiration Date	License/Certification No.	Current Restrictions on Professional License
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If not licensed/registered in Washington state, date of application?

SUPPLEMENTAL INFORMATION

List all continuing education classes taken in the last two years.

Please explain any lapses in your employment history.

Please comment or provide any additional information that you feel is important in considering your qualifications for this position. You may list any special abilities, skills, achievements, professional honors or awards, special activities in which you have been involved, etc.

EDUCATION

Schools and addresses	Dates attended	Name enrolled under	Major field	Diploma or Degree, Year
High school			<input type="checkbox"/> Graduated <input type="checkbox"/> GED	
Location				
College / Trade School				
Location				
College / Trade School				
Location				

EMPLOYMENT HISTORY

This section must be completed even if supplemented by a resume. List all employment for the past seven years, beginning with most recent employment. Use another page to supplement the application, if necessary. Explain all lapses in employment on the supplemental information section on page 2.

Current/Most Recent Employer	Employment dates to	Salary: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Name employed under
Employer Address	City	ST	Zip	Hours per week
Department Name	Supervisor/Title			Phone
Your Job Title	Reason for leaving			
Your Duties and Responsibilities				

Employer	Employment dates to	Salary: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Name employed under
Employer Address	City	ST	Zip	Hours per week
Department Name	Supervisor/Title			Phone
Your Job Title	Reason for leaving			
Your Duties and Responsibilities				

Employer	Employment dates to	Salary: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Name employed under
Employer Address	City	ST	Zip	Hours per week
Department Name	Supervisor/Title			Phone
Your Job Title	Reason for leaving			
Your Duties and Responsibilities				

PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830.840, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Have you ever been convicted of any of the following crimes against persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No

2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor? Yes No

3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? Yes No

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. **YOUR EMPLOYMENT OR STUDENT INTERNSHIP WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT FROM THE WASHINGTON STATE PATROL.**

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into a clinical internship, I can be discharged for any misrepresentation or omission in the above statement. I also understand that my employment or internship is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature _____

Name (print) _____

Date _____

**Background Release Form
Disclosure and Consent**

In connection with my application for employment (including contract for service) with **Kadlec Health Systems (KHS)**, I understand that investigative inquiries may be obtained on me by a consumer reporting agency, and that any such report will be used solely for employment related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that KHS will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if KHS hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and the nature of such an investigation will be to determine my continuing suitability for employment, and/or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to KHS at any time, stating that I revoke my consent and no longer allow KHS to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. If I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by KHS.

I authorize without reservation any party or agency contacted by KHS to furnish the above mentioned information. I hereby consent to the obtaining the above information from Americhек, Inc. (and/or any of their licensed agents) located at 27001 La Paz Road, Suite 278-B, Mission Viejo, CA 92691, (949)768-4434. I understand that to aid in the proper identification of my file or records, personal identifiers, including but not limited to those below, are necessary.

May we contact your current employer? (please circle) YES or NO

Full Name (please print) _____

Other Names Known By _____

Social Security Number _____ Date of Birth ____/____/____

Current Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Prospective Employer: (Please Circle)

Kadlec Medical Center **Kadlec Medical Associates** **Kadlec Clinics**

Drivers License Number _____ State _____

California, Oklahoma, and Minnesota Applicants

I would like to receive a copy of any report obtained on me by **Kadlec Health Systems**

Yes No