CASCADE MEDICAL CENTER

Employment Application

Applicant Information

Full Name: _____ Date:_____
        Last   *First*   *M.I.*

Address: _____
        Street Address   *Apartment/Unit #*

        _____
        City   *State*   *ZIP Code*

Phone: _____   Email_____

Date Available: _____   Desired Salary:$_____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐

Have you ever worked for this company?   YES ☐   NO ☐   If yes, when?_____

Have you ever been convicted of a felony?   YES ☐   NO ☐

If yes, explain: _____

Education

High School: _____   Address:_____

From: _____   To:_____   Did you graduate?   YES ☐   NO ☐   Diploma:_____

College: _____   Address:_____

From: _____   To:_____   Did you graduate?   YES ☐   NO ☐   Degree:_____

Other: _____   Address: _____

From: _____   To:_____   Did you graduate?   YES ☐   NO ☐   Degree:_____

References

Please list three professional references.

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Previous Employment

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference?   YES ☐   NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference?
YES ☐ NO ☐

Military Service

Branch: _____ From:_____ To:_____

Rank at Discharge: _____ Type of Discharge:_____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date:_____