



NORTH PUGET SOUND  
Center for Sleep Disorders

Office:  
(425) 252-DOZE (3693)  
Human Resources:  
Fax (425) 257-1435  
1724 West Marine View Drive  
Suite 200  
Everett, WA 98201

# APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

POSITION DESIRED \_\_\_\_\_

DATE \_\_\_\_\_

All areas must be completed in full.

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS			CITY	STATE	ZIP

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 for employment by North Puget Sound Center for Sleep Disorders?  YES  NO *Proof of citizenship or immigration status will be required upon employment.*

How did you hear about this position?

- Seattle Times  
 Everett Herald  
 NW Classified  
 NPSCSD Employee:

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

INDICATE WHAT YOU ARE WILLING TO WORK:

Number of Hours/week \_\_\_\_\_  On-Call  Temporary  Week Days  Evenings  Weekends

If you know someone who works at NPSCSD (if different than above), please write their name:

Have you been employed by NPSCSD previously?  YES  NO

If yes, dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

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

HAVE YOU, WITHIN THE LAST SEVEN YEARS, BEEN CONVICTED OR RELEASED FROM PRISON FOR ANY FELONY?  
 YES  NO

IF YES, EXPLAIN. A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

## EDUCATION

NAMES OF SCHOOLS	LOCATION	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED AND DEGREE(S) RECEIVED
HIGH SCHOOL(S):		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO	
COLLEGE(S):		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO	
COLLEGE(S):		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO	
GRADUATE SCHOOL(S):		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL(S):		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> YES <input type="radio"/> NO	

## PROFESSIONAL REGISTRATION/LICENSURE

Type of Registration or License	State	Number	Date of Expiration

Do you have any current restrictions on you license?  YES  NO

If you do not have a required registration or license, have you applied for one?  
 YES  NO

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

If not licensed in Wash. State, have you applied for reciprocity?  YES  NO

## U.S. MILITARY SERVICE

BRANCH OF U.S. SERVICE	DATE ENTERED		DATE DISCHARGED		RANK AT DISCHARGE
	MONTH	YEAR	MONTH	YEAR	

NATURE OF DUTIES AND ANY SPECIAL TRAINING AND HONORS RECEIVED

## SKILLS

### OFFICE

- Typing \_\_\_\_\_ wpm  
 Filing  
 Bookkeeping  
 Accounting  
 Ten-Key  
 Telephones  
 Insurance Billing
- Medical Terminology  
 Word Processing / PC  
 Computers  
 Medical Transcription  
 Reception / Customer Service  
 Other: \_\_\_\_\_

### PATIENT CARE

- Medical Office Experience  
 Respiratory Care Practice  
 Basic Life Support  
 Nasal CPAP Initiation and Management  
 Polysomnography Collection  
 Polysomnography Analysis  
 Home Medical Equipment Supply  
 Other: \_\_\_\_\_

### GENERAL

- Housekeeping  
 Groundskeeping  
 Courier  
 Maintenance  
 Other: \_\_\_\_\_

**EMPLOYMENT HISTORY - List prior employers starting with your present or most recent employer first.**

<p><i>Present or most recent</i>  Employer: _____  Address: _____  _____  Your Supervisor: _____  Telephone: _____</p>	<p>Present or most recent job title: _____  Specific Duties: _____  _____  Reason for leaving or considering other work: _____</p>	<p>SALARY: Starting <input type="text"/> _____ per _____  Ending <input type="text"/> _____ per _____</p>	<p><b>FROM:</b>  Month / Year  ____ / ____  <b>TO:</b>  Month / Year  ____ / ____</p>
<p>Employer: _____  Address: _____  _____  Your Supervisor: _____  Telephone: _____</p>	<p>Present or most recent job title: _____  Specific Duties: _____  _____  Reason for leaving or considering other work: _____</p>	<p>SALARY: Starting <input type="text"/> _____ per _____  Ending <input type="text"/> _____ per _____</p>	<p><b>FROM:</b>  Month / Year  ____ / ____  <b>TO:</b>  Month / Year  ____ / ____</p>
<p>Employer: _____  Address: _____  _____  Your Supervisor: _____  Telephone: _____</p>	<p>Present or most recent job title: _____  Specific Duties: _____  _____  Reason for leaving or considering other work: _____</p>	<p>SALARY: Starting <input type="text"/> _____ per _____  Ending <input type="text"/> _____ per _____</p>	<p><b>FROM:</b>  Month / Year  ____ / ____  <b>TO:</b>  Month / Year  ____ / ____</p>
<p>Employer: _____  Address: _____  _____  Your Supervisor: _____  Telephone: _____</p>	<p>Present or most recent job title: _____  Specific Duties: _____  _____  Reason for leaving or considering other work: _____</p>	<p>SALARY: Starting <input type="text"/> _____ per _____  Ending <input type="text"/> _____ per _____</p>	<p><b>FROM:</b>  Month / Year  ____ / ____  <b>TO:</b>  Month / Year  ____ / ____</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 North Puget Sound Center for Sleep Disorders (NPSCSD) to investigate and verify any of the information I have submitted in applying for employment with NPSCSD. 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 NPSCSD from any liability for future references it may provide regarding my work history at NPSCSD. I understand that employment, if offered, will be at the will of NPSCSD and myself and may be terminated at any time by either party with or without cause or reason.*

*I further certify that I am not engaged in any outside activity or business that could be considered in conflict with NPSCSD's interest or those of its clients, nor will I become engaged in such activity or business if employed.*

*If employed, I further agree that if NPSCSD advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property, NPSCSD is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date