

# NORTH BEND MEDICAL CENTER, INC.

## EMPLOYMENT APPLICATION

## AN EQUAL OPPORTUNITY EMPLOYER

NBMC77

LAST NAME (Print)		FIRST NAME	MIDDLE NAME	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
PERMANENT ADDRESS (if different from above)				TELEPHONE NUMBER

ARE YOU OVER THE AGE OF 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	Indicate shifts willing to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On call <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Travel
APPLICABLE WORK SKILLS: TYPING - _____ WPM TEN-KEY- _____ DPM WORD PROCESSING- _____ (System)		TRANSCRIPTION - <input type="checkbox"/> YES <input type="checkbox"/> NO

E D U C A T I O N	NAME AND LOCATION OF SCHOOL		GRADUATED?	YEARS ATTENDED	TYPE OF DEGREE	MAJOR	CERTIFICATE NUMBER
	HIGH SCHOOL	NAME					
		CITY					
	COLLEGE	NAME					
		CITY AND STATE					
		NAME					
	OTHER EDUCATION & CERTIFICATES	CITY AND STATE					

G E N E R A L	TYPE OF WORK YOU ARE APPLYING FOR::	WHAT SOURCE PROMPTED YOU TO APPLY TO NBMC?	HAVE YOU PREVIOUSLY APPLIED TO NBMC? IF SO, WHEN?	DATE AVAILABLE	
	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION PREFERENCES		SALARY EXPECTED	
	WHAT % OF TIME?	1.	2.	3.	
	NOTIFY IN EMERGENCY--NAME		STREET ADDRESS		
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER	

U.S. MILITARY EXPERIENCE	YEARS SERVED?	PRINCIPAL, MILITARY DUTIES THAT WERE RELATED TO THE JOB APPLIED FOR:
	DISCHARGED?	

Have you ever been convicted of a felony?  Yes  No  
If yes, Date: \_\_\_\_\_

	EMPLOYERS NAME AND ADDRESS <i>(Present employer first)</i>	DATES		position	supervisor's name	MAY WE contact?	reason for leaving
		from	to				
EMPLOYMENT HISTORY	1.						
	2.						
	3.						
	4.						

Describe below any experience/skills which may be helpful in determining your job related abilities. (You are NOT required by law to list any information which indicates race, age, religion, sex or national origin.)

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Please give three references, preferably business, professional or academic. if you do not have three such references, please give a sufficient number of personal references to bring the total number of references to three.

NAME	ADDRESS	TELEPHONE	POSITION

I understand that any offer of employment is being extended contingent on the results of employment drug test, and compliance with the Immigration Reform and Control Act.

I hereby give NBMC the right to make a thorough investigation of my past employment and employment related activities. I release NBMC and related parties from liability related to past employment investigation.

I agree to conform to the rules and regulations of NBMC and that, if hired, my employment will be at-will and may be terminated with or without notice and with or without cause, at any time, at my option or at the option of NBMC, that only a written agreement expressly to the contrary signed by me and by the CEO of the agency can vary this employment-at-will policy.

PRINT NAME

SIGNATURE

DATE