

Swedish Urology Group, P.C.

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Instructions: Please furnish information requested on this form. If you wish to supply additional education or working history information, attach a separate sheet. Please type or print clearly all information. We appreciate your interest in working here and are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in an available opening for which you are best suited.

Personal Information

Name: _____ Date: _____

Address: _____ Home Phone: _____ Message Phone _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ If you are under 18 years of age, your birth date is:?: _____

Have you within the last seven (7) years been convicted of an offense involving drugs, theft of inflicting bodily injury: Y N A conviction will not necessarily bar you from employment.)

If yes, explain fully: _____

Have you ever been employed at Swedish Urology? _____ If so, when? _____

Do you have relatives employed by Swedish Urology? _____

Name: _____

Job Information

Position applying for : _____

Are you able to perform the essential functions of the position for which you have applied as set forth in the job description, with or without reasonable accommodations
Y/N

If No, please explain: _____

Status of work you will accept: Full Time, Part Time, On Call, Temporary (6 months of less)

Employment History

Please provide information about all employers in the past twelve years with the most recent employer first. Attach sheet if necessary. Must complete in full, even if attaching resume)	From Mo. / Yr.	To Mo. / Yr.	Immediate Supervisor	May we Contact?	Last Salary
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Job Title: _____ May we Contact? Yes ___ No ___

Employer Name: _____

Address & Phone: _____

Major Duties:

Reason for Leaving: _____ Last Name Used _____

	From Mo. / Yr.	To Mo. / Yr.	Immediate Supervisor	May we Contact?	Last Salary
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Job Title: _____ May we Contact? Yes ___ No ___

Employer Name: _____

Address & Phone: _____

Major Duties:

Reason for Leaving: _____ Last Name Used _____

	From Mo. / Yr.	To Mo. / Yr.	Immediate Supervisor	May we Contact?	Last Salary
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Job Title: _____ May we Contact? Yes ___ No ___

Employer Name: _____

Address & Phone: _____

Major Duties:

Reason for Leaving: _____ Last Name Used _____

	From Mo./Yr.	To Mo./Yr.	Immediate Supervisor	May we Contact?	Last Salary

Job Title: _____ May we Contact? Yes ___ No ___

Employer Name: _____

Address & Phone: _____

Major Duties:

Reason for Leaving: _____ Last Name Used _____

Type of School	Name and Address Including city, State & Zip	How Many Years Attended	Graduated Yes / No	Courses of Majors
High School		From-Mo/Yr To Mo Yr		
College				
Post Graduate				
Business or Technical				
Military				
Other				

PROFESSIONAL REGISTRATION / LICENSE

Type of Registration, Certification or License	State	Number	Reference Number	Date of Exp.

If you do not have required registration or license, have you applied for one? Y N
If an examination is required, what date are you scheduled to take the examination?

If not licensed in Washington State, have you applied for reciprocity or endorsement? Y N

SKILLS INVENTORY

Indicate "T" if you have training in this skill
 Indicate "E" if you have experience in this skill
 Indicate "B" if you have both training and experience.

BUSINESS / CLERICAL

Accounts Payable Typing _____ wpm Ten Key Word Processing Programs:
 A/R Billing ICD-9 Coding PBX Board _____
 Bookkeeping Medical Terminology Receptionist _____
 Filing Medical Insurance Personal Computers Other Software (list)
 Transcription Dictaphone Lotus _____

CLINICAL

ACLS Operating Room Phlebotomy Patient Assessment
 Post Anesthesia Isolation Techniques Care Planning IV Therapy
 Critical Care Medical / Surgical Sterile Technique Emerg. Dept.
 IV Therapy Geriatric Autoclave

SUPERVISORY BACKGROUND

Management/Supervision Scheduling Budget Preparation A / P
 A / R

Please list any other qualifications which you feel would especially suit you for working in our organization. _____

Are you fluent in any foreign languages/signing?
 List: _____

APPLICANT DISCLOSURE AND CONSENT

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application or its attachments shall be considered sufficient cause for my dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the checking of references, requests for criminal history information and an employment physical if required.

I consent to and authorize Swedish Urology Group and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such job related information.

In consideration of my employment, I agree to conform to the rules and regulations of Swedish Urology. My employment or compensation can be terminated with or without cause, and with or without notice at any time, at the option of Swedish Urology Group.

Print Name: _____

 Signature of Applicant

 Date