

Application for Employment

Please provide complete and accurate information on your education, work experience and skills. This information will help identify whether you are a qualified candidate for the position.

All information provided is subject to verification. An incomplete application may disqualify you.

Instructions

- Fill out the entire application even if you are submitting a resume – answering all questions.
 - If a question is not applicable, enter “N/A”.
- Application for Dialysis Technician positions must include a copy of high school diploma, GED, or college degree.
- Submit your application (and any additional documents) either by e-mail, mail or fax

Human Resources
1019 Pacific Avenue
Everett, WA 98201
hr@pskc.net
(425) 744-1095
Fax: (425) 744-2375

Important: Save your completed form on your computer before attaching to an email.

An Equal Opportunity Employer

Puget Sound Kidney Centers (PSKC) is proud to be an Equal Opportunity Employer. It does not discriminate on the basis of race, color, creed, religion, sex, national origin, ancestry, age, marital status, protected veteran status, sexual orientation, gender identity, genetic information, physical or mental disability or medical condition as defined by applicable equal opportunity laws.

If you are an individual with a disability and would like to request an accommodation as part of the application process, please contact the Human Resources Department.

My Personal Information

Name (First, Middle, Last)

Best Contact Phone

Street Address

E-mail

City, State, Zip

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Position Information

Position(s) Applied For:

Date of Application:

Date Available:

Type of Employment Desired: ☐ Full-time ☐ Part-time

How did you learn of this position?

When possible, staff members are assigned to their preferred work location and schedule. Depending on patient and operational needs, staff may be assigned to a different location and schedule either temporarily or permanently.

Job Performance

Have you read the position description(s) for the position(s) for which you are applying? ☐ Yes ☐ No

Why are you interested in this particular position?

What experience, skills, and training qualify you for this position (such as computer, software, accounting, clinical, etc.)?

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the position description(s)? ☐ Yes ☐ No

If "No", please explain the reasons in detail:

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Questions

Are you at least 18 years of age? ☐ Yes ☐ No

Can you furnish proof you are legally authorized to work in the United States? ☐ Yes ☐ No

Do you have a valid Washington State Driver's license (may be required based on the position)? ☐ Yes ☐ No

Do you have reliable transportation for travel to any of our locations (see website for list)? ☐ Yes ☐ No

Have you ever worked for Puget Sound Kidney Centers? ☐ Yes ☐ No

If yes, when?

Do you have any relatives employed at Puget Sound Kidney Centers? ☐ Yes ☐ No

If yes, please provide their name(s):

Have you been convicted of a criminal offense, including DUI, on or after your eighteenth birthday? A "Yes" answer does not necessarily disqualify you from employment. ☐ Yes ☐ No

If yes, explain:

Do you have any currently pending and/or unresolved criminal charges? A "Yes" answer does not necessarily disqualify you from employment. ☐ Yes ☐ No

If yes, explain:

Have you been identified as an "excluded individual" by the Office of Inspector General (OIG) from receiving Federal Health Care funds? ☐ Yes ☐ No

If you have a professional license (e.g. nurse, LPN, social work, etc.) are there any pending disciplinary actions involving your professional license? ☐ Yes ☐ No ☐ N/A

Will you now, or in the future, require sponsorship for work authorization? ☐ Yes ☐ No

Have you ever been fired or asked to resign from a previous employer? ☐ Yes ☐ No

If yes, explain:

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Education

Are you a high school graduate or have you passed a General Education Development (GED) test?

☐ Yes ☐ No

List **after high school** education beginning with current or most recent:

SCHOOL NAME AND LOCATION	MONTH & YEARS ATTENDED	TYPE OF DEGREE AWARDED	YEAR DEGREE RECEIVED

Professional Certifications/Licenses

TYPE OF CERTIFICATIONS OR LICENSE	STATE	NUMBER	DATE OF EXPIRATION

If you do not have a required registration or license, have you applied for one? ☐ Yes ☐ No

If an examination is required, what dates are you scheduled to take the examination?

If you are not licensed in Washington State, have you applied for reciprocity? ☐ Yes ☐ No

Employment History

Starting with your most recent employer - list all employment, internship, and externship experience during the **last 10 years**. Please include periods of unemployment. Completion of all the following information is required even if you submitted a resume.

Have you worked under any other name? ☐ Yes ☐ No

If "Yes", give name(s):



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Present or Last Employer		Month/Year Employed From To	
Employer's Address & Phone Number		Reason for Leaving	
Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Last Salary: \$	
Your Title			
Duties/Responsibilities:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Present or Last Employer		Month/Year Employed From To	
Employer's Address & Phone Number		Reason for Leaving	
Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Last Salary: \$	
Your Title			
Duties/Responsibilities:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Present or Last Employer	Month/Year Employed From To
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Employer's Address & Phone Number		Reason for Leaving	
Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Last Salary: \$	
Your Title			
Duties/Responsibilities:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Present or Last Employer		Month/Year Employed From To	
Employer's Address & Phone Number		Reason for Leaving	
Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Last Salary: \$	
Your Title			
Duties/Responsibilities:			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Present or Last Employer		Month/Year Employed From To	
Employer's Address & Phone Number		Reason for Leaving	

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Immediate Supervisor	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time	Last Salary: \$
Your Title		
Duties/Responsibilities:		
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Language(s)

Please list any language(s) and check the box that best describes your skill level:

LANGUAGE	READ	WRITE	SPEAK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional References

Please list 3 work or professional references who are knowledgeable about your employment history, internships, and/or externships.

NAME (First and Last)	TITLE	ORGANIZATION	PHONE NUMBERS
			Mobile:
			Other:
			Mobile:
			Other:
			Mobile:
			Other:

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Acknowledgement

Please read each statement carefully before signing:

- I hereby certify that all of the information provided by me in the application for employment is true and complete to the best of my knowledge.
- I understand that untruthful, omitted or misleading answers are cause for rejection of this application or immediate dismissal if employed.
- I understand that any offer of employment is contingent upon:
 - Proof of eligibility to work in the United States.
 - Satisfactory reference check results.
 - Criminal background check.
 - Pre-employment drug screen.
- I understand that smoking is not allowed on PSKC properties.
- I understand that PSKC is a drug-free employer.
- I understand that submission of this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. My employment is “at will” and can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself.

I have read, understand, and accept all terms of the above statements. I also understand that if my application is not signed, it is not complete and therefore I may be disqualified from being considered for this position.

If submitting the application electronically, an electronic signature will substitute for a written signature.

Signature

Last 4 of Social Security #

Date

Authorization to Release Employment Records

I consent to and authorize PSKC and its personnel to request any and all references I noted on my employment application or resume for relevant information concerning my previous employment record(s).

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 the information.

If submitting the application electronically, an electronic signature will substitute for a written signature.

Signature

Last 4 of Social Security #

Date
