

PUGET SOUND PSYCHIATRIC CENTER  
APPLICATION FOR EMPLOYMENT

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**INTRODUCTION**

PUGET SOUND PSYCHIATRIC CENTER IS AN EQUAL OPPORTUNITY EMPLOYER.

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

ALL INFORMATION IS STRICTLY CONFIDENTIAL.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**POSITION SOUGHT**

Position Sought: \_\_\_\_\_  
How did you learn about the position? \_\_\_\_\_  
On what date would you be available for work? \_\_\_\_\_  
Salary Expectation: \_\_\_\_\_

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**EMPLOYMENT ELIGIBILITY INFORMATION**

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  
YES: \_\_\_ NO: \_\_\_

If not a citizen, please describe circumstances which allow you to legally obtain employment in the United States:

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Have you ever been convicted of a CRIME OR FELONY?

YES: \_\_\_ NO: \_\_\_

If yes, please describe circumstances, which would make you a suitable candidate for the position applied for:

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Have you ever been involuntarily terminated or asked to resign from any position of employment?

YES: \_\_\_ NO: \_\_\_

If yes, please describe circumstances, which would make you a suitable candidate for the position applied for:

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If selected for employment, are you willing to submit to a pre-employment drug screening test?

YES: \_\_\_ NO: \_\_\_

If NO, please describe circumstances, which would make you a suitable candidate for the position applied for::

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Do you have a mental or physical ailment or condition that would prevent you from fulfilling assigned duties?

YES: \_\_\_ NO: \_\_\_

If NO, please describe circumstances, which would make you a suitable candidate for the position applied for::

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**QUALIFICATIONS**

<b>EDUCATION</b>				
School / Program	Name	Years Attended	Graduate/ Degree	Field Of Study
High School				
College/University				
Technical College				
Residency				
Fellowship				
Other				

Other training, certifications, or licenses held:

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List other pertinent information relevant to the job that you are applying for:

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**PRIOR EMPLOYMENT:**

*(Most Recent First.)*

1. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

5. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Prior Position Held within Company (if any): \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**REFERENCES**

PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION OF THREE INDIVIDUALS NOT RELATED TO YOU WHO HAVE KNOWN YOU IN A PROFESSIONAL CAPACITY.

PLEASE BE AWARE THAT BY PROVIDING THEIR NAMES YOU ARE IMPLYING CONSENT AND PERMISSION TO ALLOW CONTACT WITH THEM ON YOUR BEHALF TO CHECK ON YOUR REFERENCES.

1. Name: \_\_\_\_\_  
Title/Designation: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Title/Designation: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Title/Designation: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Title/Designation: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_

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**ACKNOWLEDGMENT AND AUTHORIZATION**

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize Puget Sound Psychiatric Center and its employees to contact the individuals listed as references.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date