

# OVERLAKE INTERNAL MEDICINE ASSOCIATES

## Application For Employment

*Please Print*

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <small style="margin-left: 100px;">Name of OIMA Employee</small>	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative _____ <small style="margin-left: 100px;">Name of OIMA Employee</small>	

Last Name	First Name	Middle Name
Address		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

Are you under 18 years of age? (If so, you are required to provide proof of your eligibility to work.) \_\_Yes      \_\_No

Have you ever filed an application with us or worked for us before? \_\_Yes      \_\_No  
If Yes, Give Date \_\_\_\_\_

Are you currently employed? \_\_Yes      \_\_No

May we contact your present employer? \_\_Yes      \_\_No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment.* \_\_Yes      \_\_No

On what date are you available for work? \_\_\_\_\_

Are you available to work:    \_\_Full Time                      \_\_Part Time                      \_\_Temporary

Have you ever been convicted of a felony? \_\_Yes      \_\_No

If yes, please explain fully below. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

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## Education

	Name and Location of School	Number of Years Attended	Courses Studied	Did You Graduate?	Degree Or Diploma
High School					
College					
Other (Specify)					

## Specialized Skills/Activities

Summarize special job-related training and skills acquired from employment or other experience.


List extracurricular activities. You may exclude memberships or activities, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other, protected status.


Please note past or present U.S. Military or Navel service and/or present membership in the National Guard or reserves.


State any additional information you feel may be helpful to us in considering your application.


## Employment History (List all starting with most recent.)

Company Name	From		To		Starting Salary	Ending Salary	Name of Supervisor
Type of Business	Mo.	Yr.	Mo.	Yr.			
City and State							
Telephone	Primary Responsibilities						
Job Title	Reason for Leaving						

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Type of Business	Mo.	Yr.	Mo.	Yr.			
City and State							
Telephone	Primary Responsibilities						
Job Title	Reason for Leaving						

## References (Do Not List Relatives)

### Business

1.	( )	
(Name)	Connection	Phone #
2.	( )	
(Name)	Connection	Phone #
3.	( )	
(Name)	Connection	Phone #
4.	( )	
(Name)	Connection	Phone #

### Personal

1.	( )	
(Name)	Relationship	Phone #
2.	( )	
(Name)	Relationship	Phone #
3.	( )	
(Name)	Relationship	Phone #
4.	( )	
(Name)	Relationship	Phone #

## Equal Opportunity Employer

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.**

## Read Carefully Before Signing

In accordance with RCW 43.43, *et. Seq.*, all applicants who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults during the course of his/her employment must disclose whether the applicant has been: a) Convicted of any crime against children or other persons, b) Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult, c) Found in any dependency action under RCW 13-34-040 to have sexually assaulted or exploited any minor or to have physically abused any minor, d) Found by a court in a domestic relations proceeding under Title 25 RCW to have sexually abused or exploited any minor or to have physically abused any minor, e) Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor developmentally disabled person or to have abused or financially exploited any vulnerable adult, or f) Found by a court in a protection proceeding under Chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.

I, \_\_\_\_\_ (print your name)

have been convicted of any of the above

have not been convicted of any of the above.

If you have been convicted for any of the above-mentioned crimes, make the following disclosures below:

\_\_\_\_\_

The above statements are made under penalty of perjury of the laws of the state of Washington.

Signature of Applicant

Date

I understand that in the event I am employed by Overlake Internal Medicine Associates, I am employed "at-will", which means the term of employment is not definite and my employment may be terminated at any time, with or without cause or notice, by either myself or my employer. The aforementioned constitutes the entire agreement between the Company and myself on the subject of termination, lay off and/or discharge and can only be changed by a written agreement signed and executed by an officer of the Company.

I represent that the answers and information given by me in the Application are true and complete to the best of my knowledge. Without limiting the at-will employment relationship, I understand that my employment may be terminated at any time if you discover that I have provided incomplete, untrue or misleading answers in this Application or on any other document or form executed by me at any time during my employment.

I hereby authorize you to verify the information I have given and to investigate my background as deemed necessary. I authorize former employers, personal references or any other agencies, institutions or persons to provide you any information they have regarding me without receiving written notice from me. I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter of reprimand or other disciplinary action regarding me is divulged to you by present or former employers. I understand that in the event information from your investigation is utilized in whole or in part in making an adverse decision with regard to my potential employment, that as required by the Federal Fair Credit Reporting Act, you will, upon written request from me, within a reasonable period of time, furnish me a complete and accurate disclosure concerning the nature and scope of your investigation, as well as a copy of my rights under the law.

By my signature below, I acknowledge and consent to a thorough background check and release any information regarding my past work performance.

Signature of Applicant

Date

**APPLICATION IS NOT COMPLETE WITHOUT SIGNATURE**