



Stafford Healthcare at Ridgemont
 2051 Pottery Ave.
 Port Orchard, WA 98366
360-876-4461

NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION

| INFORMATION | | | | |
|--|--|--|---------|------------|
| LAST NAME: | | FIRST NAME: | | MIDDLE IN: |
| PRESENT ADDRESS: | | CITY: | STATE: | ZIP: |
| E-MAIL: | | CELL#: | HOME #: | |
| POSITION APPLIED FOR? | | PREVIOUSLY EMPLOYED BY STAFFORD? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| WAGE/SALARY DESIRED? | | DATE AVAILABLE FOR WORK? | | |
| AVAILABLE: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends | | APPLYING FOR: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On - call | | |
| Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of right to work in the U.S. will be required if hired.) | | | | |
| Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to minimum legal age requirements.) | | | | |
| Current applicable licenses & certifications: <input type="checkbox"/> NAC <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Food Handler's Permit <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> DSHS Mental Health Certification <input type="checkbox"/> DSHS Dementia Certification <input type="checkbox"/> Nurse Delegation Certification <input type="checkbox"/> Beautician License | | | | |
| Have you been convicted of a felony or released from prison within the past 7 years for an offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the date and nature of the offense: | | | | |
| Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | | |
| How did you learn about this position opening? | | | | |
| Were you known by any other name at any job or school listed on this application? What name(s)? | | | | |
| Do you have a valid WA State Driver's License or CDL (If required by job)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If Yes, License #: | | | | |

| EDUCATION | | | | |
|---------------------|-----------------------------|-----------------|-------------------|------------------|
| | Name and Location of School | Years Completed | Did you graduate? | Degrees Received |
| High School | | | | |
| College | | | | |
| Trade, Business, or | | | | |
| Graduate school | | | | |

| SKILLS | |
|---|--|
| <input type="checkbox"/> Microsoft Office Suite | <input type="checkbox"/> Reception: # incoming lines _____ <input type="checkbox"/> Supervision: years of experience _____ |
| Indicate other skills & certifications related to the position you are seeking: _____ _____ | |

| PROFESSIONAL REFERENCES | | | |
|--|-------------|--------------|------------------|
| Please list three persons, other than relatives, who we may contact about your professional work experience. | | | |
| Name | Years Known | Relationship | Telephone Number |
| | | | |
| | | | |
| | | | |

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer? Yes No

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____
Duties _____

Employer _____ City/State _____ Telephone () _____
Job Title _____ Supervisor _____ Telephone () _____
Dates Employed: From _____ To _____ Reason for leaving _____ Wage/Salary _____
Duties _____

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize the Company to which I am providing this application (Stafford) and/or PMSI to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties (including Stafford and PMSI) and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Stafford from any liability for future references it may provide regarding my work history with the Company.

Due to the large number of applications that Stafford receives, I understand the Company cannot guarantee that my application will be considered for any or all open positions they may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of the Company and that my employment may be terminated, at any time, with or without notice, by either party.

Signature of Applicant

Date