



MAIN OFFICE
 Providence Heart & Vascular Institute
 122 W 7th Avenue
 Suite 310
 Spokane, WA 99204
 509-838-7711
 Fax 509-747-4664

NORTHSIDE
 Central Medical Office Bldg
 212 E Central Avenue
 Suite 240
 Spokane WA 99208
 509-489-7504
 Fax 509-482-9011

WALLA WALLA
 St. Mary Medical Center
 401 W Poplar
 Cardiology Suite
 Walla Walla, WA 99362
 509-522-5731
 Fax 509-522-5747

COEUR D'ALENE
 700 Ironwood Drive
 Suite 350
 Coeur d'Alene, ID 83814
 208-676-9913
 Fax 208-666-0885

SANDPOINT
 606 N 3rd Avenue
 Suite 203
 Sandpoint, ID 83864
 208-263-2505
 Fax 208-263-2908

www.heartclinicsnw.com

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE
STREET ADDRESS			CITY	STATE	ZIP CODE + 4
HOME PHONE	HOME EMAIL	BUSINESS PHONE	SOCIAL SECURITY #		PAY EXPECTED
Have you ever applied for employment with Heart Clinics Northwest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month & year? ____ / ____ Location: _____					POSITION DESIRED
Normal working hours are Monday - Friday, 8:00 AM – 5:00 PM. Is there any reason you would be unable to work these hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what hours can you work? _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?		
EDUCATION					
Type of School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER SPECIAL TRAINING OR SKILLS (languages, technical skills, machine operation, etc.)					
<hr/> <hr/>					
MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (exclude those which may disclose your race, color, religion, or national origin)					
<hr/> <hr/> <hr/>					
MILITARY					
Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what branch? _____					

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING

EMPLOYMENT HISTORY Please give accurate, complete full-time and part-time employment record. List your present or most recent employer first.

1	COMPANY NAME	TELEPHONE
	ADDRESS	DATE EMPLOYED (month and year) From _____ To _____
	NAME OF SUPERVISOR	WEEKLY PAY Start _____ Last _____
	JOB TITLE AND DESCRIPTION OF YOUR WORK	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE
	ADDRESS	DATE EMPLOYED (month and year) From _____ To _____
	NAME OF SUPERVISOR	WEEKLY PAY Start _____ Last _____
	JOB TITLE AND DESCRIPTION OF YOUR WORK	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE
	ADDRESS	DATE EMPLOYED (month and year) From _____ To _____
	NAME OF SUPERVISOR	WEEKLY PAY Start _____ Last _____
	JOB TITLE AND DESCRIPTION OF YOUR WORK	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE
	ADDRESS	DATE EMPLOYED (month and year) From _____ To _____
	NAME OF SUPERVISOR	WEEKLY PAY Start _____ Last _____
	JOB TITLE AND DESCRIPTION OF YOUR WORK	REASON FOR LEAVING

DO NOT CONTACT (Heart Clinics Northwest may contact the employers listed above UNLESS you indicate those you do not want HCNW to contact.)

DO NOT CONTACT EMPLOYER NUMBER(S): _____

REASON(S): _____

DO NOT ANSWER QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship, and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, and sexual preference. Heart Clinics Northwest complies with applicable local, state, and federal employment laws and regulations.

Are you over 18 years of age? If no, employment is subject to verification of age.
 Yes No

What was your previous home address?

How long at your present address?
 _____Years

How long at your previous address?
 _____Years

Have you ever been bonded? Yes No
 If yes, with what employers:

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?
 Yes No If yes, describe in full.

State names of relatives and friends working for us, other than your spouse.

SIGNATURE

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer does not create a contractual obligation upon the employer to continue to employ me in the future.

Employment at Heart Clinics Northwest (HCNW) is at the mutual consent of the employee and HCNW. Accordingly, either the employee or the Company can terminate the employment relationship at will. I understand that HCNW must and does retain the right, at its sole discretion, to terminate employment at any time for whatever reason it deems appropriate.

If HCNW decides to engage an investigative consumer agency to report on my credit and personal history, I authorize it to do so. If a report is obtained, HCNW must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

CONFIDENTIALITY AGREEMENT

I hereby acknowledge that I understand that patient Protected Health Information and other confidential or proprietary information of Heart Clinics Northwest which I may see or hear or otherwise gain knowledge of in the course of my visit/work with Heart Clinics Northwest is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with Heart Clinics Northwest. This information shall not be used or disclosed to anyone unless specifically authorized by Heart Clinics Northwest. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages. HCNW has a no-smoking policy, which requires all employees to refrain from smoking or using tobacco products during working time and all break periods.

Applicant's Signature: _____

Date: _____

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK:		
Employer	Person Contacted	Results
1		
2		
3		
4		

TEST RESULTS:			
Tests administered	Raw score	Rating	Analysis and Comment

INTERVIEW RESULTS:

Interviewer name: _____ Date of Interview: _____

Interviewer comments: _____
