

## Beaverton Clinic Job Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have a valid Driver's License? Yes No License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

*(If Nursing, what department)*

Referral Sources: Employment Agency Advertisement Friend Relative Other \_\_\_\_\_

*Emergency Contact (Name & Relationship of Relative)*

Name \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Can you furnish a work permit if you are under 18? Yes No Not applicable

Have you filed an application here before? Yes No (If Yes, give date \_\_\_\_\_)

Do you have any relatives currently employed here? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented lawfully from becoming employed in this country because of Visa or immigration status?

Yes No *(Proof of citizenship or immigration status is required upon employment)*

Are you available to work Full-time Part-time Temporary Weekends

Can you travel if a job requires it? Yes No

Have you ever been convicted of a felony? Yes No *(Conviction does not necessarily disqualify applicant from employment)*

Have you ever had your professional license suspended or revoked? Yes No Not applicable

Veteran of U.S. Military Service? Yes No If Yes, what branch? \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D

