

Rec'd: \_\_\_\_\_

Interv. \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MO DAY YR

**MT. BAKER KIDNEY CENTER**  
410 BIRCHWOOD AVENUE, SUITE 100  
Bellingham, WA 98225  
(360)734-4243

**EMPLOYMENT APPLICATION**

Mt. Baker Kidney Center's objective is to select the most competent person for each open position. Mt. Baker Kidney Center does not unlawfully discriminate on the basis of race, color, religion, creed, sex, national origin, disability, sexual orientation or any other legally-protected classification in accordance with governing law.

<b>PLEASE PRINT</b>			
Name (last, first, middle)			Other name(s) worked under
Address		City	State Zip
( )	( )		
Area Code	Home Phone	Area Code	Work/Message Phone
			Best Time to Call
Emergency Number (Please provide name and phone number of closest relative not residing at your address)			

Position (s) applied for (1) \_\_\_\_\_ (2) \_\_\_\_\_

How did you become aware of the position for which you are applying? Please specify individual (identify relative or friend) or source.

**EMPLOYMENT HISTORY, list most recent job first:**

Name, Address and Phone Number of Employer  ( )	Position Held	From Mo. Yr.	To Mo. Yr.	Starting Salary	Final Salary
	Supervisor	Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Address and Phone Number of Employer  ( )	Position Held	From Mo. Yr.	To Mo. Yr.	Starting Salary	Final Salary
	Supervisor	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Address and Phone Number of Employer  ( )	Position Held	From Mo. Yr.	To Mo. Yr.	Starting Salary	Final Salary
	Supervisor	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, Address and Phone Number of Employer  ( )	Position Held	From Mo. Yr.	To Mo. Yr.	Starting Salary	Final Salary
	Supervisor	Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been terminated or requested to resign from any previous employment?  Yes  No

If yes, please describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

Are you related to an employee now working at Mount Baker Kidney Center?  Yes  No

If so, please list name(s) and relationship \_\_\_\_\_

If you have been previously employed at Mt. Baker Kidney Center, please indicate dates of employment and name(s) worked under:

\_\_\_\_\_

Have you been convicted of a crime within the past ten (10) years?  Yes  No

If yes, please identify the offense(s), provide date(s) of conviction(s) and the name of the court (i.e., Whatcom County) and the sentence imposed.

\_\_\_\_\_

Mount Baker Kidney Center notes that an applicant's convictions will not automatically disqualify the individual from employment. Mount Baker Kidney Center will instead consider such information in making its decision in a manner consistent with applicable law.

In the past 3 years, have you ever knowingly used any controlled substances, including narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?  Yes  No (A "yes answer to this question will not necessarily bar the applicant from employment.) If yes, explain fully.

\_\_\_\_\_

Are you able to perform all of the essential functions of the position for which you are applying with or without accommodation?

Yes  No

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements?

Yes  No If yes, explain fully. \_\_\_\_\_

Do you have a valid driver's license and/or reliable transportation to and from work?

Yes  No

WHEN ARE YOU AVAILABLE FOR WORK:

HOURS

- Any
- Full time
- Part time
- \* Relief

SHIFT

- Any
- Days
- Evenings
- Nights

DAYS

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Date available for work  
if selected for position:

\_\_\_\_\_

Would you accept temporary employment  Yes  No

Can you rotate shifts?  Yes  No

\*on call as needed - not regularly scheduled employee

FORMAL EDUCATION (if no degree, show semester hours credit)

Name and address of schools attended

Highest Yr.  
Completed

Degree  
Received

Grade  
Average

Specialization

High School	1 2 3 4			
College	1 2 3 4			
Graduate School	1 2 3 4			
Special Training				

**WORK SKILLS**

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED:  
(MARK "T" IF YOU HAVE TRAINING IN THE SKILL. MARK "E" IF YOU HAVE EXPERIENCE IN THE SKILL. MARK "B" IF YOU HAVE BOTH TRAINING AND EXPERIENCE.)

**BUSINESS**

**PATIENT CARE**

- \_\_\_\_\_ Typing \_\_\_\_\_ W.P.M.
- \_\_\_\_\_ Shorthand \_\_\_\_\_ W.P.M.
- \_\_\_\_\_ Transcription
- \_\_\_\_\_ Bookkeeping
- \_\_\_\_\_ Accounting
- \_\_\_\_\_ Ten-Key Adding \_\_\_ S.P.M.
- \_\_\_\_\_ Calculator
- \_\_\_\_\_ Key Punch
- \_\_\_\_\_ Invoicing/Inventory
- \_\_\_\_\_ PBX
- \_\_\_\_\_ Insurance Billing
- \_\_\_\_\_ Medicare/Medicaid
- \_\_\_\_\_ Medical Terminology
- \_\_\_\_\_ Word Processing
- \_\_\_\_\_ Computers
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_ Sterile Technique
- \_\_\_\_\_ Vital Signs
- \_\_\_\_\_ Isolation Technique
- \_\_\_\_\_ Charting
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Surgical
- \_\_\_\_\_ Hemodialysis
- \_\_\_\_\_ Peritoneal Dialysis
- \_\_\_\_\_ Needle Punctures
- \_\_\_\_\_ ICU / CCU
- \_\_\_\_\_ CRRT
- \_\_\_\_\_ Plasmapheresis

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Professional registration, license, accreditation:

STATE	NUMBER	EXPIRATION	TYPE
STATE	NUMBER	EXPIRATION	TYPE

PLEASE READ CAREFULLY:

I certify that I have been truthful and complete in my responses on this application and throughout the interview process. I understand that any false information or omissions may disqualify me from further consideration for employment or may result in termination if discovered at a later time. I also understand and agree to the following items.

- I understand that Mount Baker Kidney Center will investigate any statements that I made in this application and will conduct a criminal background check. By signing this application, I authorize Mount Baker Kidney Center to investigate my background.
- I authorize Mount Baker Kidney Center to contact any person, school, current employer (except as expressly noted) past employer, an organization named in this application (and my accompanying resume or other documentation) to obtain information and opinions that Mount Baker Kidney Center deems useful in making its hiring decision. I release Mount Baker Kidney Center and all parties responding to Mount Baker Kidney Center from any liability or damages that may result from furnishing such information or opinions.
- I agree to obey Mount Baker Kidney Center's rules and procedures if employed. I understand that nothing contained in this application or in the interview process is intended to create a contract between Mount Baker Kidney Center and myself for either employment or any particular benefits. I understand that Mount Baker Kidney Center adheres to Washington's employment-at-will doctrine meaning that either Mount Baker Kidney Center or I may end the employment relationship with or without cause and with or without notice.
- I understand that all offers of employment are conditioned on me providing satisfactory documentary proof of my identity and legal right to live and work in the United States, a negative drug test, satisfactory reference and an uneventful background check.
- I understand that Mount Baker Kidney Center prohibits the use of alcohol or any drugs in the workplace in accordance with its policies, and conditions all offers of employment on the individual taking and passing alcohol and drug screening tests.

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Signature of Applicant

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Date