

Application for Employment

An Equal Opportunity Employer

10807 E. Montgomery St. Suite 8, Spokane, WA 99206 (509) 924-1826 or (800) 365-4429 or fax (509) 924-6258

Integrated Health Professionals is committed to equal employment opportunity in all aspects of the employment relationship, and will not discriminate against any individual on the basis of race, color, creed, national origin, sex, marital status, sexual orientation, age or disability.

Last Name		First Name		Middle Initial
Social Security Number			Today's Date	
Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number		Date Available		
Message / Contact / Cell Phone Number (if different from above)				
Street Address				
City		State	Zip	

Referral Source:

- Self Referral
 Current Employee
 Position: _____
 Referral by an Employee
 Name: _____
 Mail-In
 Recruitment Agency
 Name: _____
 Newspaper Ad
 Paper: _____

Position Details

Position Desired (Title):			Salary Desired:	
Check all that apply:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Standby / Per Diem	<input type="checkbox"/> Temporary - Ending Date:
	<input type="checkbox"/> Day Shift	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> Night Shift	Will you work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Performance Abilities

Are you able to perform the essential functions of the job with reasonable accommodation for any disability?
 Answer only after reviewing the job description. Yes No

Professional Registration / License (if applicable)

Type of Registration or License:

State:	Number:	Date of Expiration:
State:	Number:	Date of Expiration:

If you do not have the required registration or license, have you applied for one? Yes No

If an examination is required, when are you scheduled to take the exam?

If not licensed in Washington State, have you applied for reciprocity? Yes No

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Have you ever been put on probation with any state within the past five years? Yes No If yes, please explain: _____