



118 East Eighth Street  
Port Angeles, WA 98362

An Equal Opportunity Employer

It is the policy of Employer to prohibit unlawful discrimination on the basis of any characteristic protected by applicable local, state, or federal law.

**APPLICATION FOR**

PLEASE CHECK ONE OF THE FOLLOWING:

**EMPLOYMENT**

**VOLUNTEER**

**INTERNSHIP**

**PLEASE PRINT**

Full Name (Last, First, Middle) Social Security Number

Current Physical Address City State ZIP Code Telephone (Required)

Mailing Address (if different) City State ZIP Code 2<sup>nd</sup> phone or e-mail (Optional)

Previous Address City State ZIP Code How long (MO/YR to MO/YR)?  
From \_\_\_/\_\_\_ to \_\_\_/\_\_\_

What position or type of work are you seeking? How did you learn of the position that you are seeking? Are you over 18 years of age?  
 No  Yes

Are you interested in: What days and hours are you willing to work?  
 Full-time  Part-time  Temporary  On-call (*per diem*)

Are you legally eligible to be employed in the United States?  No  Yes (Proof of identity and eligibility will be required upon employment.)

What pay do you expect? Are you willing to work Overtime? Date available to work? Have you applied here before?  
\$\_\_\_\_\_ per \_\_\_\_\_  No  Yes \_\_\_\_\_  No  Yes

Are you presently employed?  No  Yes Are you presently on layoff from another job and subject to recall?  No  Yes  
May we inquire of your employer?  No  Yes If selected, please indicate date when you will be available to start: \_\_\_\_\_

Have you previously been employed here?  No  Yes – When: \_\_\_\_\_ Under what name: \_\_\_\_\_

Do you have relatives working here (will not necessarily disqualify employment)?  No  Yes Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List any professional licenses or certifications applicable to the position that you are seeking.

**EDUCATION AND SKILLS**

Check the boxes that indicate all levels of completed education:  
 High School Graduate or GED  Some College  College Graduate  Graduate School (Advanced degree)  Trade or Business School  
School \_\_\_\_\_ Degree \_\_\_\_\_ School \_\_\_\_\_ Degree \_\_\_\_\_ School \_\_\_\_\_  
Location \_\_\_\_\_ Location \_\_\_\_\_ Location \_\_\_\_\_ Location \_\_\_\_\_

**GENERAL INFORMATION**

What do you expect to be doing in five years? Based on today's prices and wages, what monthly  
Income do you expect to be earning in five years? \$ \_\_\_\_\_

What has been your most interesting work? What made it interesting?

What work experience did you dislike most? Why did you dislike it?

Optional: Indicate names and telephone numbers of Personal References able to attest to your character and personal qualities:

**COMPLETE REVERSE SIDE OF THIS FORM**

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### EMPLOYMENT HISTORY AND PROFESSIONAL REFERENCES

List ALL periods of employment, self-employment, U.S. military service, volunteer work, and/or non-employment starting with the MOST RECENT FIRST.

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Employer: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Dates of Employment (MO/YR): From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Reason for Leaving: \_\_\_\_\_  
FINAL Hourly Rate of Pay or Salary: \$ \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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FINAL Hourly Rate of Pay or Salary: \$ \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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### CERTIFICATION AND ACKNOWLEDGMENT

I certify that all information submitted in this application form, or in any resume, interview, or other format, is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment, internship, or volunteer position with Peninsula Behavioral Health. I understand that Peninsula Behavioral Health is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment. I also understand and agree that:

1. Inquiries may be made with my previous employers or others who may have knowledge of me, or with consumer credit, investigative, or other private or governmental agencies. I authorize any such person or agency to give you any and all information concerning my previous employment, including but not limited to, an assessment of my job performance, ability, and fitness, and/or any other information they may have, personal or otherwise, and release all parties from any and all liability, claims, or damages that may directly or indirectly result from furnishing same. Upon my reasonable and timely request, a description of the general scope and nature of any such inquiry will be provided to me.
2. Prior to my beginning work or during my employment, employer reserves the right to require any lawful form of medical, drug, alcohol, psychological, character, honesty, integrity, aptitude, skill, or other test or examination.
3. This application is good for ninety (90) days only. Thereafter, consideration for employment, internship, or volunteer position will require that you submit a new application.

**If employed, I understand that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of employer.**

Signature \_\_\_\_\_ Date \_\_\_\_\_