



## Employment Application - 1 of 5

### Personal Information *(Please Print)*

\_\_\_\_\_  
Last, First, Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
SSN

Are you eligible to work in the United States?  No  Yes (*proof of employment eligibility required at time of hire*)

Have you ever been convicted of a felony?  No  Yes, Explain: \_\_\_\_\_

Is a member of your immediate family (parent, spouse, sibling, child) employed by SCC?  No  Yes, If yes complete below

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Position

### Native Hiring Preference

\* To ensure Native hiring preference consideration, proof of enrollment MUST BE attached to this application.

Are you enrolled in a Federally recognized Tribe?  No  Yes, Name of Tribe: \_\_\_\_\_

Are you a spouse of a Puyallup Tribal Member?  No  Yes, Name of Spouse: \_\_\_\_\_

Can you provide other proof of Native blood?  No  Yes, Name of Tribe: \_\_\_\_\_

### Employment Desired

\_\_\_\_\_  
Position Applying For

\_\_\_\_\_  
Date Available

\_\_\_\_\_  
Desired Salary

How did you hear about the position?  Friend / Employee  Job Flyer  Our Website  Tribal News

Television  Work Source  Career Builder  Other: \_\_\_\_\_

Have you ever been employed by SCC?  No  Yes, If yes provide information below

\_\_\_\_\_  
Position

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Dates Employed

### EDUCATION

Please complete the education section below. Upon hire, you must provide a copy of any and/or all diplomas, degrees, transcripts, licenses or certifications obtained as verification of education. Do not leave any information blank or your application may be delayed.

	School Name	Location	Degree / Diploma	Major	Graduated
High School / GED					
Vocation Training					
College / University					
College / University					
Graduate School					

3700 Pacific Highway East  
Suite 100  
Fife, WA 98424

253-382-6300  
salishoncology.com



## Employment Application - 2 of 5

### Other *(Please Print)*

List all licenses / certificates, education or special skills you have obtained:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Have you had a professional license / certification revoked or denied?:  No  Yes, If yes please explain

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

3700 Pacific Highway East  
Suite 100  
Fife, WA 98424

**253-382-6300**  
salishoncology.com



## Employment Application - 3 of 5

### EMPLOYMENT HISTORY

Complete the section below, starting with your present or most recent position. Attach additional pages if necessary.

Employer Name:		Duties:	
Address:			
Phone Number:			
Job Title:		Salary:	Full Time or Part Time
From:	To:	Reason For Leaving:	
Supervisor Name & Title:			

May we contact?  No  Yes

Employer Name:		Duties:	
Address:			
Phone Number:			
Job Title:		Salary:	Full Time or Part Time
From:	To:	Reason For Leaving:	
Supervisor Name & Title:			

May we contact?  No  Yes

Employer Name:		Duties:	
Address:			
Phone Number:			
Job Title:		Salary:	Full Time or Part Time
From:	To:	Reason For Leaving:	
Supervisor Name & Title:			

May we contact?  No  Yes

### PROFESSIONAL REFERENCES

Please provide three (3) professional references, who are not related to you:

	NAME	RELATIONSHIP	COMPANY	PHONE	EMAIL
1.					
2.					
3.					

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

1. SCC is an Equal Opportunity Employer while practicing native hiring preference according to law. SCC does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, disability or Veteran status.
2. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed, only those interviewed will receive notification when the position is filled or closed. Interviews are given on a competitive basis using job-related factors.
3. I authorize all previous employers/supervisors, including all persons with and for whom I have worked, to give SCC's representative any and all information regarding my previous employment. I release SCC and all previous employers/supervisors from liability for any damages that may result from furnishing information to SCC.
4. I understand, if selected, I will be required to provide proof of identity and legal right to work in the United States prior to actual employment with SCC.
5. I agree to conform to all SCC's Employee Policies and Procedures.
6. I understand that a background check and/or a pre-employment or employment drug test may be required, prior to any employment offer.
7. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to SCC, will result in immediate termination.
8. I understand that this application will only be considered if all information as requested has been submitted and that if information is not provided then the Practice Administrator will conclude that the applicant does not possess the information requested.

3700 Pacific Highway East  
Suite 100  
Fife, WA 98424

253-382-6300  
salishoncology.com

Applicant Signature

Date



## Employment Application - 4 of 5

### Reference Release Authorization

This authorization will continue in effect for one year, from the date of signature. A photocopy of the Authorization shall have the same force as the original.

I, \_\_\_\_\_ voluntarily consent and authorize any representative of Salish Cancer Center to obtain information from my current and previous employers, or other applicable sources pertaining to my employment history. This authorization includes, but is not limited to: attendance records, educational background, work experience, length of employment, wage history, performance, disciplinary actions, performance evaluations and reason for separation from former employment.

I hereby authorize you to release such information upon request. It is expressly understood that any information given, is to be used for the purpose of determining my acceptability for employment with Salish Cancer Center.

I also hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages or claims, which may arise or result from any reference information gathered pursuant to this authorization.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

3700 Pacific Highway East  
Suite 100  
Fife, WA 98424

**253-382-6300**  
salishoncology.com



## Employment Application - 5 of 5

### Authorization for release of information and request for criminal history conviction record information

Background Investigations are conducted by Washington State Patrol (WATCH) and/or other authorized background investigation agencies. Please note: Only an authorized agent of the Salish Cancer Center can submit background checks and receive results from background investigation agencies and Washington State Patrol.

I, \_\_\_\_\_ authorize all corporations, companies, credit agencies, educational institutions, law enforcement agencies, military services, D.M.V. records and former employers, to release information they have about me to Salish Cancer Center. I release them from any liability or responsibility for doing so, and I agree to indemnify them for any reason; furthermore, I authorize the procurement of an investigative consumer report and such a report may contain information about my background, character and personal reputation and that further information may be available upon written request within a reasonable amount of time. I have the authority to make the above request and release.

### Complete Section Below *(Please Print)*

\_\_\_\_\_  
Tribal Affiliation (if applicable)

\_\_\_\_\_  
Last, First, Middle Initial Alias / Maiden

\_\_\_\_\_  
Date of Birth Social Security Number Drivers License Number

\_\_\_\_\_  
Current Address / Street City, State, Zip

\_\_\_\_\_  
County (Pierce, Thurston, King, etc.) How long?

\_\_\_\_\_  
Previous Address / Street City, State, Zip

\_\_\_\_\_  
County (Pierce, Thurston, King, etc.) How long?

THIS SECTION RESERVED FOR BACKGROUND INVESTIGATION AGENCIES		
Date:	By:	
CLEAR - No Records Found	NOT CLEAR - Records Found	Misdemeanor
Felony	Other:	

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

3700 Pacific Highway East  
Suite 100  
Fife, WA 98424

**253-382-6300**  
salishoncology.com