



Employment Application Instructions

We appreciate your interest in Pullman Family Medicine. Please fill out the following application and return to Pullman Family Medicine along with your resume and cover letter. The following instructions apply to all applications submitted for employment at Pullman Family Medicine. A completed application package includes a cover letter, resume and a completed copy of this application form. Failure to include all of the above listed items will result in your application not being reviewed.

1. Complete the application in its entirety.
2. Sign and date the application.
3. Attach a resume and cover letter.
4. Please ensure the accuracy of your application and submit it to the front desk.
5. Please be aware that per Washington law, we are required to do background checks prior to hiring. It is the policy of Pullman Family Medicine to not hire any person with a felony on his or her record.
6. The medical field is constantly changing. Please be aware that in order to provide the best possible service to our patients, we are unable to guarantee specific hours or days to any employee. You will be expected to be flexible with your schedule.
7. We receive a large number of applications and are unable to interview all applicants.
8. Once you have submitted an application and are not selected for the position applied for, your application will be kept on file for six months.

Pullman Family Medicine Employment Application

Date:

Position Desired:

Full Time: Part Time: If part-time, how many hrs/week?

Are you available to work evenings? Yes No Saturdays? Yes No

Salary Requirements:

Available Start Date:

Name:

SSN:

Address:

Home Ph#:

Cell Ph#:

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Do we have your permission to run a background check on you? Yes No

Do you speak any foreign languages? Yes No Language:

Have you graduated from high school or passed the GED? Yes No

How many years of college have you completed?

Are you currently attending school? Yes No

If yes, please attach a schedule of your availability or include below:

Do you have any licenses or certifications that we should consider?

What are the most important factors to you when choosing a potential employer?

Why would you like to work for Pullman Family Medicine?

Please describe your greatest attributes:

Employment History:

Current Employer:

From:

To:

Address:

Position:

Salary:

Reason for leaving:

Supervisor:

Phone#:

Is it okay to call the above supervisor? Yes No

Main Duties:

Past Employer:

From:

To:

Address:

Position:

Salary:

Reason for leaving:

Supervisor:

Phone#:

Is it okay to call the above supervisor? Yes No

Main Duties:

Employment History Continued:

Past Employer:

From:

To:

Address:

Position:

Salary:

Reason for leaving:

Supervisor:

Phone#:

Is it okay to call the above supervisor? Yes No

Main Duties:

Signature:

Date:

For Office Use Only:

