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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes / No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
Yes / No

During the last ten years, have you ever been convicted of a crime other than minor traffic offense? A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered. Yes / No

If yes, please provide details (dates and location for all convictions)

Have you ever been terminated from employment or asked to resign by an employer?

Yes / No

If yes, please provide company names and details:

Can you work any shift? Yes / No

Can you work overtime, including weekends? Yes / No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? See job description. Yes / No



EMPLOYMENT DESIRED

Clinic Location: Wenatchee _____ Tri-Cities _____ Other (Specify)_____

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____ Full time _____ Part time _____

Are you currently employed? _____ If so, may we inquire of your present employer? Yes / No

REFERRAL SOURCE

How did you hear about us? Walk In _____ Advertisement _____ Referral _____ Other _____

Have you ever worked for this company before? Yes / No

If yes, explain _____

Do you know anyone who works for our company? Yes / No

If yes, who? _____

EDUCATION

	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer Name	Telephone ()
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Proof of certification and licensing will be verified.

Computer Skills (please describe):

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Additional information:



Please read carefully before signing.

AnovaWorks is an equal opportunity employer. **AnovaWorks** does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for **AnovaWorks** to hire me. If I am hired, I understand that either **AnovaWorks** or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of **AnovaWorks** has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to **AnovaWorks** true and complete information on this application. No requested information has been concealed. I authorize **AnovaWorks** to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 2 YEARS FROM THE DATE SIGNED/DATED ABOVE.