

HIGHLINE MEDICAL GROUP

INSTRUCTIONS: Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. Please type or print clearly all information. We appreciate your interest in our clinics, and are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in an available opening for which you are best suited.

PERSONAL DATA

Position(s) Applied For: _____ Date of Application: _____

Name _____
Last First Middle Social Security Number Birth Date (Optional)

Present Address _____
Street City State Zip Phone Number

Permanent Address (if other than above) _____
Street City

State _____ Zip _____ Permanent Phone No. _____

Are you a military veteran? Yes No

In what languages are you fluent? _____

How did you learn about this position opening? Ad Website Friend Other _____

Have your relatives been employed here? Yes No Name & Relationship: _____

Have you been previously employed here? Yes No If yes, give dates _____

WORK AVAILABILITY

Full-time Part-time Temporary If temporary, indicate when available _____

Date available for work _____

Indicate 1st and 2nd preference of hours you are able to work:

_____ days _____ evenings _____ nights

Can you rotate shifts? Yes No

Can you work weekends? Yes No

Departmental scheduling needs may require changing hours of employment and working on weekends and holidays.

Have you been convicted of a criminal offense or been released from prison?

Yes No If yes, explain fully _____

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

Yes No If yes, explain fully _____

In compliance with Washington State Law, (RCW 43.43.830-840) all applicants must complete the attached applicant disclosure form and sign the following acknowledgment. Please contact Human Resources if you have any questions.

I acknowledge that if I am offered a position as a volunteer or employee at Highline Medical Group, an inquiry will be made through the Washington State Patrol Criminal Identification System regarding my record for drug related convictions, for offenses against persons, adjudications of child abuse in a civil action, and disciplinary board final decisions, as authorized by RCW 43.43.830-840. I understand my fingerprints may be requested to verify this information.

I further acknowledge that any offer of employment is conditional pending completion of such background investigation, verification that I am not ineligible for participation in any federal health care program, and determination by Highline Medical Group whether the information reveals a lack of current job qualifications.

Signature: _____

Name (Print): _____ DATED: _____

Please note: A conviction record will not necessarily bar an applicant from employment.

Type of Work Related Registration or License	State	Number	Date of Expiration

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

If an examination is required, what date are you scheduled to take the examination? _____

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

Have you ever had a professional registration/license revoked, suspended or restricted? Yes No
 If yes, please explain _____

EDUCATION

High School

Name, Location	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
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College or Schools after high school (include any job-related education or training in military service)

Name, Location	Academic Major, Skill or Trade	Dates Attended	Did you graduate?

WORK EXPERIENCE

Please complete the following sections. Please transfer information from resume (if provided). List most recent employer first, Include at least past five (5) years, and account for any time gaps in your employment history. (Attach additional sheet if necessary.)

1. Name of employer & address	Dates employed (mo/yr) From To Final salary\$	Name of supervisor: Phone #: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job title & description		Reason for leaving:
2. Name of employer & address	Dates employed (mo/yr) From To Final salary\$	Name of supervisor: Phone #: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job title & description		Reason for leaving:
3. Name of employer & address	Dates employed (mo/yr) From To Final salary\$	Name of supervisor: Phone #: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job title & description		Reason for leaving:
4. Name of employer & address	Dates employed (mo/yr) From To Final salary\$	Name of supervisor: Phone #: May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job title & description		Reason for leaving:

How long have you been employed in your current profession? _____

Did you work for any of the above employers under a different name? If so, please circle which one(s) 1 2 3 4

Give your previous name _____

Release of Employment Records

Date:

I _____ give my permission to release any information regarding my previous employment for the purpose of employment reference. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job-related information.

(signature of applicant)

(witness)

Highline Medical Group

Mission Statement

As the **Highline** Medical Group, we are working together to provide quality, compassionate, accessible and affordable healthcare which serves the needs of the people in our communities.

Values Statement

Highline Medical Group orientation to personal service is based on a commitment to treating all individuals with dignity and respect.

1. Everyone is a special guest - patients, visitors, volunteers, medical staff and employees.
2. What you do counts - one person can make or break quality care.
3. We're all on the same team. Success means lend a hand.
4. First impressions count - a professional appearance and manner instill confidence and trust.
5. Excellence in patient care and sound, responsible financial management achieve success.
6. Established goals lead to success - your involvement in setting and reaching goals is important.

EQUAL OPPORTUNITY

Highline Medical Group does not discriminate on the basis of age, sex, marital status, race, creed, national origin, or the presence of any sensory, mental or physical handicap. Highline Medical Group is in compliance with Section 504 of the Rehabilitation Act.

I certify that the information set forth in this application for employment is true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for my dismissal.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the checking of references furnished by me.

Signature of Applicant

Date

APPLICANT DO NOT WRITE BELOW THIS LINE

Starting Date:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Temp. <input type="checkbox"/>
Starting salary \$	Orientation Scheduled? Date:
Position Title:	Professional license verified? Yes <input type="checkbox"/> No <input type="checkbox"/>
Department:	Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>
References checked? Yes <input type="checkbox"/> No <input type="checkbox"/>	References Received? Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	

HIGHLINE MEDICAL GROUP

APPLICANT DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, we must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

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- Note: Highline will confirm your answers to these questions by:
 1. Running a Washington State Patrol check for criminal conviction;
 2. Searching the Washington Courts database for civil adjudications as listed below; and,
 3. For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

1. Have you ever been convicted of a crime?

_____ Yes _____ No

If "Yes," please identify the Offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g., King County Superior Court) and the sentence(s) imposed.

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2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If "yes," please identify the specific finding(s), which agency or court made the finding(s), date(s) of the findings(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditional on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at _____, Washington.

DATE: _____

Signature _____

Print name: _____

Highline Medical Group

Hartman Value Profile Instructions

1. At first sight, what you have in front of you may seem a bit odd. We use the Hartman Value Profile because it has been designed and tested to help assess your ability to use good judgment in decision-making. That ability is very important to us.
2. The Hartman Value Profile is consciously designed to be a bit different. To some people, the phrases and words can seem strange. You are simply asked to rank order two lists of 18 items. When you rank these items, you express something about your decision-making process.
3. Please anticipate taking 20-30 minutes to complete the Profile. Being honest in your responses is extremely important. There are no "right" or "wrong" answers, only **your** answers. We will be able to use your answers to help determine if working in our organization will be a good fit for you.
4. **Pay particular attention** to using the 18 numbers in each set without repeating a number or leaving one out. The profile cannot be scored if all the numbers aren't used or if a number is used more than once.
5. **Pay particular attention** that "1" means of greatest value, highest agreement, and most positive response. An "18" means of most negative value, least agreement, and most negative response. **"1" is best – "18" is worst.**

Thank you for your cooperation in this process. If you have any questions, please ask the Human Resources representative who has been helping you.

The Hartman Value Profile

Name _____

Address _____

City _____

State _____ Zip Code _____

Part I: PHRASES Directions

On the right side of this page you will find 18 words or phrases. Each of these phrases (or words) represents some reality upon which you may place some degree of "value" or importance, depending on your own feelings, thoughts, decisions, or beliefs.

Read all of the phrases carefully, taking a few moments to reflect on their meanings for you personally.

Write the number "1" on the line in front of the phrase which represents the highest value for you, the phrase or word which is most **positive** to you. Then, write a "2" by the phrase or word which is next best or next most positive to you, etc.

Number the phrases or words to show the order of their respective value or priority to you. Use a different number for each of the 18 words or phrases. The number "18" should be in front of the word or phrase which has least value or which is most **negative** to you. Again, use each number only one time.

- ____ A good meal
- ____ A technical improvement
- ____ Nonsense
- ____ A traffic ticket
- ____ A pile of trash
- ____ A devoted scientist
- ____ Blow up an airliner in flight
- ____ Burn a witch at the stake
- ____ An electrical short circuit
- ____ "By this ring, I thee wed"
- ____ A baby
- ____ Torture a person
- ____ Love of nature
- ____ A madman
- ____ An assembly line
- ____ Slavery
- ____ A mathematical genius
- ____ A uniform

After you have finished, please CHECK to make sure you have used all the numbers from 1-18.

Cross out numbers used:

1 2 3 4 5 6 7 8 9 1 0 1 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8

Please read directions carefully as they are Somewhat different from the directions for Part 1:

PART II: QUESTIONS
Directions

On the right side of this page you will find 18 quotations. Each quotation represents a circumstance upon which you may place some degree of "value" or importance depending on your own feelings, thoughts, decisions, or beliefs.

Read all of the quotations carefully, taking a few moments to reflect on their meanings for you personally.

The phrase "my work" does not refer to a particular job, but to the vocation or profession which you are following at the present time or what you understand to be the primary "calling" of your life. You may substitute "what I do" for my "work".

Write the number "1" on the line in front of the quotation which represents what you **agree with the most**, the quotation which holds the highest value for you, the phrase that is the most positive to you.

Number the quotations to show the order of their respective value or priority to you. Use a different number for each of the 18 quotations. The number "18" should be in front of the quotation you **disagree with the most**, the quotation which holds least value for you, the phrase which is the most negative to you.

Again, use each number only one time.

Name _____

- ____ "I like my work, it does me good."
- ____ "The universe is a remarkably harmonious system."
- ____ "The world makes little sense to me."
- ____ "No matter how hard I work, I will always feel frustrated."
- ____ "My working conditions are poor and ruin my work."
- ____ "I feel at home in the world."
- ____ "I hate my work."
- ____ "My life is messing up the world."
- ____ "My work contributes to nothing to the world."
- ____ "My work brings out the best in me."
- ____ "I enjoy being myself."
- ____ "I curse the day I was born."
- ____ "I love my work."
- ____ "The lack of meaning in the universe disturbs me."
- ____ "The more I understand my place in the world, the better I get at my work."
- ____ "My work makes me unhappy."
- ____ "I love the beauty of the world."
- ____ "My work adds to the beauty and harmony of the world."

After you have finished, please CHECK to make sure you have used all the numbers from 1-18.

Cross out numbers used:

1 2 3 4 5 6 7 8 9 1 0 1 1 1 2 1 3 1 4 1 5 1 6 1 7 1 8

HIGHLINE MEDICAL GROUP

STANDARDS OF PERFORMANCE

If I am selected as a staff member at Highline Medical Group, I commit to Living Highline's Values. To demonstrate that commitment,

For **Excellence** I will:

- **Exceed expectations and do my best everyday, with a positive, friendly attitude** (For example: Greet everyone with a smile and eye contact; offer assistance, guide people if they need help finding their way)
- **Maintain a safe and clean workplace** (For example: Pick up trash, wipe up spills; notify the proper department if I see unsafe conditions or hazards)
- **Follow all policies and procedures** (For example: Learn how to find policies and procedures; incorporate policies and procedures into my daily work practice; speak up if I see policies and procedures not followed)

For **Service** I will:

- **Put patients first** (For example: Respond to call lights whenever possible; engage with patient, not fellow staff when giving care)
- **Treat everyone with courtesy and respect at all times** (For example: Keep personal conversations out of earshot of patients; introduce myself to patients, families, visitors; no personal cell phone calls while on duty)
- **Respond promptly** (For example: Answer the phone within 2-4 rings; acknowledge needs of people around you; respond to need or request, or find someone who can)
- **Look and act professional** (For example: Answer the phone with your department, name and, "How may I help you?"; follow the department dress code; wear your name tag at all times; write legibly)

For **Communication** I will:

- **Practice good listening skills and seek understanding** (For example: Give people complete attention and eye contact; ask questions if you don't understand, repeat back)
- **Communicate timely, clearly and professionally** (For example: Respond or follow-up promptly; identify yourself in communications; clearly write messages, person-to-person communication vs. email when possible)

For **Teamwork** I will:

- **Help wherever I can** (For example: Offer to help coworkers; never say, "It's not my job" or "I'm too busy")
- **Work with others to achieve Highline's goals** (For example: Set personal goals that relate to department or organization goals; know Highline's goals)

- **Participate actively as a responsible team member** (For example: Always arrive on time; treat team members with respect; assist other team members to achieve excellence)

For **Stewardship** I will:

- **Promote quality and patient safety** (For example: Be involved in solutions to problems; clean up spills immediately; lend a hand if you see someone in need)
- **Take pride in our facilities** (For example: Properly dispose of trash; prevent damage to hallways by being careful moving carts, beds, etc.)
- **Conserve energy and resources** (For example: Turn off lights in empty rooms; take only allowed time for break and meal periods; don't waste supplies)

For **Community** I will:

- **Be an ambassador for Highline in the community** (For example: Volunteer for civic events; demonstrate honesty and integrity in daily life)
- **Be respectful of all cultures** (For example: Learn about other cultures; be sensitive and respectful of religious and ethnic differences)
- **Celebrate successes** (For example: Acknowledge tasks that demonstrate excellence; look for things done well to acknowledge and celebrate)

For **Caring** I will:

- **Demonstrate compassion** (For example: Smile and make eye contact; listen, show you care and have time)
- **Lend a hand** (For example: Offer assistance to visitors who need directions; don't say "It's not my job")
- **Smile and speak to everyone in the hallways and elevators** (For example: Ask people if they need help, take them to destination; practice good elevator etiquette)

For **Trust** I will:

- **Be honest; demonstrate integrity** (For example: Follow-through with assigned tasks; be accurate in communications; be consistent in actions)
- **Mean what I say and say what I mean** (For example: Treat others as you want to be treated; be approachable; be honest)
- **Fulfill commitments** (For example: Finish assignments; be on time)

Applicant Signature

Date