

FoxWest Medical 34709 9<sup>th</sup> Ave South, Suite B200, Federal Way, WA 98003  
Fax 253-563-2001

### Application Instructions

Thank you for your interest in working with FoxWest Medical & Aesthetics. Job availability may vary, but we are always accepting applications. The forms that follow are built with PDF Form Filler. This means that when you download them and open it with Adobe Reader, that you can place your cursor in any of the fill fields, and type the appropriate information. It will not save, but you can then print out and fax or mail the application. Or if you prefer, you can print and fill the form by hand.

Please also include a copy of your up to date resume and reference list.

# FOXWEST MEDICAL

**ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.**

APPLICANT INFORMATION			
Last Name _____	First _____	M.I. _____	Date _____
Street Address _____		Apartment/Unit # _____	
City _____	State _____	ZIP _____	
Phone _____	E-mail Address _____		
Date Available _____	Social Security No. _____	Desired Salary _____	
Position Applied for _____			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____

EDUCATION			
High School _____	Address _____		
From _____ To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree _____			
College _____	Address _____		
From _____ To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree _____			
Other _____	Address _____		
From _____ To _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Degree _____			

REFERENCES	
<i>Please list three professional references.</i>	
Full Name _____	Relationship _____
Company _____	Phone (_____) _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone (_____) _____
Address _____	
Full Name _____	Relationship _____
Company _____	Phone (_____) _____

Address \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  \_\_\_\_\_

Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$\_\_\_\_\_ Ending Salary \$\_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO  \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

Certifications and License: Please list any and all, current, or past.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

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**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Fox West Medical & Aesthetics, 34709 9<sup>th</sup> Ave S, Suite B200, Federal Way, WA. 98003  
Phone 253-517-8846 Fax 253-563-2001 www.FoxWest.net

**Please fill in the name of company you worked for that you are giving permission to release a reference for you. Use one form for each reference.**

### Employment Reference Release

I acknowledge that I have been informed that it is \_\_\_\_\_ general policy to disclose in response to a prospective employer's request only the following information about current or former employees: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates.

By signing this release, I am voluntarily requesting that \_\_\_\_\_ depart from this general policy in responding to reference requests from any prospective employer that may be considering me for employment. I authorize \_\_\_\_\_ to disclose to such prospective employers any employment-related information that \_\_\_\_\_ in its sole discretion and judgment, may determine is appropriate to disclose, including any personal comments, evaluations, or assessments that [Your Business] may have about my performance or behavior as an employee.

In exchange for \_\_\_\_\_ agreement to depart from its general policy and to disclose additional employment-related information pursuant to my request, I agree to release and discharge \_\_\_\_\_ and \_\_\_\_\_ successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to \_\_\_\_\_ disclosure of employment-related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I acknowledge that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between \_\_\_\_\_ and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

**FoxWest Medical & Aesthetics**

**Reference and Background Check Release**

**I, \_\_\_\_\_, understand that part of the application process for screening applicants is a background check and reference check with past employers. I give FoxWest Medical Ltd the right to obtain communications with past employers on my reference list or any past employers which may come to light during this reference check. I also agree to let FoxWest Medical perform a background check on me, at their cost. This background check may include motor vehicle report, credit history, and criminal records.**

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