



MANAGED HEALTHCARE NORTHWEST , INC.

422 E. BURNSIDE, SUITE 215, PO BOX 4629, PORTLAND, OREGON 97208-4629
(503) 413-5800 FAX (503) 413-5801

Application for Employment

Prospective employees will receive consideration without discrimination because of race, color, gender, sexual orientation, age, marital status, national origin or handicap.

Individuals who need accommodation during the application process should request such in advance so necessary arrangements can be made.

PLEASE PRINT ALL INFORMATION CLEARLY

PERSONAL INFORMATION

Date of Application: _____ Social Security: _____

Home Phone: _____ Message/Daytime Phone: _____

Name: _____
(Last) (First)
(MI)

Street Address: _____
(Street) (City) (State)
(Zip)

Position Desired: _____ Salary Requirements: _____

Have you ever applied for employment with MHN, Legacy Health System, or Adventist Health? Yes _____

No _____

If yes, what month, year and location? _____

Are you available for full-time work? Yes ___ No ___

If you prefer part-time work, how many hours can you work? _____

What hours are you available to work? _____

When will you be available to begin work? _____

What is your career objective? _____

Describe any skills relevant to the job you have applied for, including foreign language. Please be specific: _____

How did you learn of this job opening? _____

Name: _____
Date: _____

EDUCATION

Education	Name & Location of School	Subject Studied	Did you graduate	Degree
High School				
College				
Trade, Business, Correspondence School				

REFERENCES

Please list the names and addresses of three persons, not related to you, whom you have known for at least one year.

1. _____
Name Address Business Years Acquainted

2. _____
Name Address Business Years Acquainted

3. _____
Name Address Business Years Acquainted

PERSONAL HISTORY

1. Have you ever been convicted of a felony or a misdemeanor? Yes____ No____
If yes, please explain briefly (include dates): _____

A conviction will not necessarily disqualify you from the position you are applying for.

 2. A job description is attached. Are you able to perform these tasks? _____

 3. Have you served in the U.S. Armed Forces? Yes/No. If yes, what skills, if any did you acquire during military service which are relevant to the position for which you are applying? _____

_____ If Yes, Date of Discharge: _____
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EMPLOYMENT HISTORY

Beginning with your last or present job, please provide an accurate history of all previous employment. Use reverse side if additional space is needed.

Current Job:

Employer:	From (M/Y):	Address:
Job Title:	To (M/Y):	
Ending Salary: \$	Co. Phone #:	Reason Left:
Supervisor's Name:	May we contact?	Name used while employed:
Job Duties:		

Previous Jobs:

Employer:	From (M/Y):	Address:
Job Title:	To (M/Y):	
Ending Salary: \$	Co. Phone #:	Reason Left:
Supervisor's Name:	May we contact?	Name used while employed:
Job Duties:		

Employer:	From (M/Y):	Address:
Job Title:	To (M/Y):	
Ending Salary: \$	Co. Phone #:	Reason Left:
Supervisor's Name:	May we contact?	Name used while employed:
Job Duties:		

Employer:	From (M/Y):	Address:
Job Title:	To (M/Y):	
Ending Salary: \$	Co. Phone #:	Reason Left:
Supervisor's Name:	May we contact?	Name used while employed:
Job Duties:		

PLEASE READ CAREFULLY
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
MANAGED HEALTHCARE NORTHWEST, INC.

I hereby authorize ACI, Inc and any of its agents/contractors/designated Company Personnel to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representative of this Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and Agencies to provide ACI, Inc and any of its agents/contractors with all information that may be requested, and to conduct a verification, as deemed necessary by this Company to fulfill the job requirements, with regards to my motor vehicle records, credit history, Workers Compensation Insurance Claims as allowed by EEOC and FCRA, and to receive any criminal history record information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency in Texas or any other States. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representatives of this Company and its Clients.

I do hereby agree to forever release, discharge and indemnify ACI, Inc, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

Full Name: _____ used since? _____
(Last, First and Complete Middle Name) (year)

Maiden and/or other Name(s) and dates used: _____

S.S. #: _____ - _____ - _____ Birth Date: ____/____/____ D.L. #: _____/State ____
(month/day/year)

Current Address: _____
_____ Since when? _____
City/State/Zip mo./yr.

Three Previous Addresses (city/state) & Dates of Residence:

_____ From _____ To _____
_____ From _____ To _____
_____ From _____ To _____

Signature: _____ Date: _____