



SLEEP DISORDERS CENTER  
 MEDICAL & SURGICAL WEIGHT MANAGEMENT  
 PULMONARY REHABILITATION

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## EMPLOYMENT APPLICATION

### Personal Information

Name:		Social Security No.
Complete Physical Address:		
Complete Mailing Address:		
Are you 18 years or older?	Home Phone:	Cell:

### Desired Employment

Position:	Date you can start:	Salary Desired:
Are you employed now?	If so, may we inquire of your present employer?	
Have you ever applied to NorthStar before?	If yes, when?	
Have you ever worked for NorthStar before?	If yes, when?	
Reason for leaving:		
Name of supervisor at NorthStar:		
Who referred you to NorthStar for employment?		

### Education

High School:	Did you graduate?
College:	Did you graduate?
Trade or Business School:	Did you graduate?
Subjects of special study or research work:	
Special Training:	
Special Skills:	
Have you served in the military?	Branch:
Discharge Date/Rank:	

## Former Employers

List last three employers, starting with the most recent.

Present or last employer:		
Address:		
Start Date:	End Date:	Job Title:
Starting wage/salary:		Final wage/salary:
Supervisor Name & Title:		Phone:
Description of work you performed:		
Reason for leaving:		
May we contact this employer?		

Previous employer:		
Address:		
Start Date:	End Date:	Job Title:
Starting wage/salary:		Final wage/salary:
Supervisor Name & Title:		Phone:
Description of work you performed:		
Reason for leaving:		
May we contact this employer?		

Previous employer:		
Address:		
Start Date:	End Date:	Job Title:
Starting wage/salary:		Final wage/salary:
Supervisor Name & Title:		Phone:
Description of work you performed:		
Reason for leaving:		
May we contact this employer?		

## References

List the names and contact information of three persons not related to you, whom have known you at least one year.

1.

2.

3.

Have you been convicted of a felony within the last 5 years?

If yes, explain. (Will not necessarily exclude you from consideration.)

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release NorthStar from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of NorthStar has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized NorthStar representative."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature