

Name:

Position(s) Applying for:

APPLICATION FOR EMPLOYMENT



WASHINGTON CENTER
for CLINICAL RESEARCH

The Washington Center for Clinical Research is an equal opportunity employer, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete the entire application and attach a copy of your cover letter and resume.

CONTACT INFORMATION

Name

FIRST

MIDDLE INITIAL

LAST

ANY OTHER NAME(S) KNOWN BY

Address

STREET ADDRESS

CITY

STATE

ZIP CODE

Telephone number(s)

HOME

MOBILE

OTHER

E-mail address(s)

EMPLOYMENT DESIRED

Date of application

Position(s) applying for

Have you previously applied for employment with The Washington Center, PCRM, the PCRM Foundation, or The Cancer Project?

Approximate date you could begin work

Salary desired

Are you seeking full-time work?

Are you available Monday through Friday between the hours of 9:00am and 5:30pm?

If no, please note restrictions on hours/days.

How/where did you hear about this career opportunity? (please be specific)

EDUCATIONAL BACKGROUND

High School(s):

Name:

Location:

Years attended:

Did you graduate?

College(s):

Name:

Location:

Years attended:

Did you graduate?

Degree/course of study:

Overall GPA:

Major GPA:

Awards or honors:

Graduate program(s):

Name:

Location:

Years attended:

Did you graduate?

Degree/course of study:

GPA:

Awards or honors:

Professional, Trade, or Other, i.e., internship, apprenticeship, fellowship, Etc.:

Name:

Location:

Years attended:

Did you graduate?

Degree/course of study:

GPA:

Please note any relevant academic honors, extracurricular activities, offices held, etc., in college or graduate school.

EMPLOYMENT BACKGROUND

Begin with current or most recent employer. Do not exclude any employment. Include any temporary and/or U.S. Military service.

Name of employer:

Dates of employment:

Address of employer:

Title:

Salary:

Name of supervisor:

Supervisor's or Human Resources' phone number:

Reason for leaving:

May we contact this employer?

Name of employer:

Dates of employment:

Address of employer:

Title:

Salary:

Name of supervisor:

Supervisor's or Human Resources' phone number:

Reason for leaving:

May we contact this employer?

Name of employer:

Dates of employment:

Address of employer:

Title:

Salary:

Name of supervisor:

Supervisor's or Human Resources' phone number:

Reason for leaving:

May we contact this employer?

Name of employer:

Dates of employment:

Address of employer:

Title:

Salary:

Name of supervisor:

Supervisor's or Human Resources' phone number:

Reason for leaving:

May we contact this employer?

Have you ever been discharged or asked to resign from a job? If so, provide all pertinent details

Please list any periods of unemployment:

PROFESSIONAL BACKGROUND

Please note all certifications, professional designations, licenses, etc., along with the name of the issuing entity, the state/jurisdiction of issuance, the date the license/certification was first obtained, and any identification numbers or expiration dates. Attach photocopies of all identified certifications and licenses.

Have you ever been terminated from or resigned from a clinical or professional training program? If so, provide all pertinent details.

Have you ever withdrawn or had rejected an application to practice your profession? If so, provide all pertinent details.

Has your professional license ever been suspended or revoked? If so, provide all pertinent details.

Have you ever voluntarily surrendered a license or privileges after formal charges have been filed against you or while under investigation? If so, provide all pertinent details.

Have you ever been party to a malpractice action or had a malpractice action brought against you? If so, provide all pertinent details.

Do you have a specialty or area of expertise? Please explain.

Please highlight any noteworthy accolades or achievements:

Please list any relevant current professional/trade/business/civic memberships:

Please highlight any non-paid/volunteer experience related to the job for which you are applying:

PROFESSIONAL REFERENCES

Name:

Phone number:

E-mail address:

Relationship:

Years known:

Name:

Phone number:

E-mail address:

Relationship:

Years known:

Name:

Phone number:

E-mail address:

Relationship:

Years known:

SKILLS - SPECIAL/TECHNICAL

Please note any relevant study/research work, special training, or special skills:

Please indicate your level of proficiency (beginner, intermediate, advanced, certified, trainer) in the following (an evaluation of computer proficiency may be a condition of hiring):

Microsoft Outlook:

Microsoft Word:

Microsoft Excel:

Microsoft PowerPoint:

Microsoft Access:

Internet:

SPSS/SAS:

Other? Please identify:

FOR PHYSICIANS

If you are Board Certified for any specialty, please note the name of the Board, the date the certification was first obtained, and any identification numbers or expiration dates.

Do you hold an Educational Commission for Foreign Medical Graduates (ECFMG) Certificate or Fifth Pathway Certificate? (if foreign medical school graduate)

AUTHORIZATIONS

Are you over the age of 18? (If no, you may be required to provide authorization to work.) Yes No

Are you legally eligible to be employed in the United States? (Proof of identity and eligibility will be required upon employment.) Yes No

Have you been convicted of a crime other than a minor traffic offense? Yes No

If yes, list convictions that are a matter of public record. (Arrests are not convictions. A conviction will not necessarily disqualify you from employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.).

CERTIFICATION

I state under penalty of perjury that all statements contained in this application are true and complete to the best of my knowledge and I hereby authorize The Washington Center to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by The Washington Center to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, and employers of any and all claims for providing such information.

I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that filling out this form does not indicate there is a position open and does not obligate The Washington Center to hire me. I understand that nothing contained in this application, or conveyed during any interview that may be granted, is intended to create an employment contract.

I understand that The Washington Center will conduct a background check prior to an offer of employment and that my date of birth and social security number will be requested for this purpose.

I understand that I will be required to sign a confidentiality agreement should I become an employee of The Washington Center.

I understand and agree that my employment would be "at will," which means that it would be for no specified period of time and could be terminated by me or The Washington Center at any time, for any reason, and without prior notice.

Signature: _____ Date: _____