



PUGET SOUND KIDNEY CENTERS
21309 – 44TH Avenue West • Mountlake Terrace, WA 98043
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www.pskc.net

INTERNAL JOB APPLICATION
An Equal Opportunity Employer

Puget Sound Kidney Centers (PSKC) provides equal employment opportunity to all employees and applicants for employment. PSKC will manage all applications as well as all staffing processes without regard to race, color, religion, sex, national origin, age, disability, or status as a Vietnam-era or special disabled veteran, or any other characteristic protected by applicable federal, state or local law.

Please fill out the entire application. Providing complete and accurate information on your education, work experience and skills will help identify whether you are a qualified candidate for the position. Answer all questions. An incomplete application may disqualify you. All information provided is subject to verification.

GENERAL INFORMATION

POSITION(S) APPLIED FOR

DATE

NAME (LAST, FIRST)

HOME PHONE

E-MAIL ADDRESS

ALTERNATE PHONE

CURRENT POSITION AND SUPERVISOR'S NAME

DATE OF HIRE

WORK SKILLS

Summarize skills and qualifications acquired from employment or other experiences that may qualify you for this position _____

Why are you interested in this position? _____

I have read the position description and the job posting for the position(s) that I am applying for..... Yes

If not, please contact Human Resources prior to completion of this application

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the position description(s)?

Yes No If "No", explain fully: _____

APPLICATION WAIVER

I hereby certify that all of the information provided by me is true and complete to the best of my knowledge. I understand that to be considered for this position, I must have performed competently for at least 960 hours in my current position. I understand that PSKC will verify information given in this application with my current supervisor and that any untruthful, omitted or misleading answer is cause for rejection of this application.

(Note: If submitting the application electronically, an electronic signature or typed name will substitute for a written signature.)

Signature: _____

Date: _____