



Application for Employment

Position(s) applying for:	Date of application:
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Instructions: Please type or clearly print all information requested on this application. If you wish to supply additional education or work history information and do not have adequate space, please attached a separate sheet. Remember to include phone numbers of contacts under the Work History section. Completed applications can be sent to: Skyline Hospital Human Resources Department, PO BOX 99, White Salmon, WA 98672, jessieramos@skylinehospital.org or faxed to 509-493-5114. Incomplete applications will not be processed.

Personal Data

Name:	Email:
Physical address:	Home phone:
Mailing address:	Cell phone:

Are you legally entitled to work in the U.S.? Yes No

If under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you any relatives employed here? If yes, please indicate name(s) and position(s): Yes No

Have you been previously employed here? If yes, please provide dates: _____ Yes No

Have you been charged with (or are charges pending in relation to) a felony or misdemeanor? If yes, please explain fully (attach separate sheet if necessary): Yes No

Have you been convicted of a felony or misdemeanor? If yes, please explain fully (attach separate sheet if necessary): Yes No

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? If yes, please explain fully (attach separate sheet if necessary): Yes No

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirements? If yes, please explain: _____ Yes No

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 job description? Yes No

How did you learn about this employment opportunity? _____

Availability

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 job description?	Shift(s):	Will you rotate shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 1 st shift – day	Will you work weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 2 nd shift – evening	Will you work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 3 rd shift – night	Any days you are unavailable?	

Post-Secondary Education, Training and/or Military Experience

High school graduate or general education (GED) test passed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list the highest grade completed:			
Name and location	Dates attended	Degree/diploma and year graduated	Major or subject

Professional Registration/Licensure

Type of registration or license	State	Number	Date of expiration
If you do not have a required registration or license, have you applied for one?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If an examination is required, what date are you scheduled to take the examination?			
If not licensed in Washington State, have you applied for reciprocity?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience

This section must be completed. List employment history starting with most recent and account for any time gaps, including military service. Attach additional sheet if necessary.

Employer:	Phone number:	From (month/year):
Address:		To (month/year):
Job title:		Hours per week:
Specific duties:		Last salary:
		Supervisor:
Reason for leaving:		May we contact this employer?
Employer:	Phone number:	From (month/year):
Address:		To (month/year):
Job title:		Hours per week:
Specific duties:		Last salary:
		Supervisor:
Reason for leaving:		May we contact this employer?
Employer:	Phone number:	From (month/year):
Address:		To (month/year):
Job title:		Hours per week:
Specific duties:		Last salary:
		Supervisor:
Reason for leaving:		May we contact this employer?
Employer:	Phone number:	From (month/year):
Address:		To (month/year):
Job title:		Hours per week:
Specific duties:		Last salary:
		Supervisor:
Reason for leaving:		May we contact this employer?

Work Skills

List training and/or experience which may qualify you for the position(s) desired. Mark “**T**” if you have training in the skill, “**E**” if you have experience in the skill or “**B**” if you have both training and experience in the skill.

Business	<input type="checkbox"/> Typing _____ words/minute <input type="checkbox"/> Medical terminology <input type="checkbox"/> Accounting <input type="checkbox"/> Calculator <input type="checkbox"/> Ten-key adding	<input type="checkbox"/> Phone switchboard <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> Software/computers <input type="checkbox"/> Transcription <input type="checkbox"/> Reception	<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Insurance billing <input type="checkbox"/> Word processing <input type="checkbox"/> Data entry Other:
General	<input type="checkbox"/> Floor care (manual) <input type="checkbox"/> Dishwasher (industrial) <input type="checkbox"/> Small power tools <input type="checkbox"/> Maintenance (general)	<input type="checkbox"/> Maintenance (craft) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Building <input type="checkbox"/> Electronics	<input type="checkbox"/> Floor care (machines) <input type="checkbox"/> Driving Other:
Patient Care	<input type="checkbox"/> Sterile techniques <input type="checkbox"/> Vital signs <input type="checkbox"/> Pre-ops prep <input type="checkbox"/> Isolation techniques <input type="checkbox"/> Catheterization <input type="checkbox"/> Coronary care	<input type="checkbox"/> Charting <input type="checkbox"/> Monitor <input type="checkbox"/> Intensive care <input type="checkbox"/> Orthopedic <input type="checkbox"/> Pediatric <input type="checkbox"/> Oncology	<input type="checkbox"/> Geriatric <input type="checkbox"/> Medical <input type="checkbox"/> Surgical <input type="checkbox"/> Obstetrics Other:

I certify the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand, if employed, falsified statements on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal.

I understand my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand my employment is contingent upon the checking of references furnished by me, and contingent upon a background check performed by a third party, for any criminal offenses.

I consent to and authorize this employer and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such job related information.

I understand and agree my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand no representative of the company, other than the CEO, has authority to enter into any agreement contrary to the forgoing.

I understand all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck any amount necessary to satisfy any unpaid obligation.

Signature of applicant:	Date:
Internal use only	
Starting date:	[] Full-time [] Part-time [] Per diem/on-call [] Temporary
Starting pay rate: \$	Professional license verified [] Yes [] No
Starting pay step:	References checked [] Yes [] No
Position title:	WA State Patrol queried [] Yes [] No
Department:	Drug screen completed [] Yes [] No