



We are An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

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 attach a separate sheet. Remember to include phone numbers of contacts under the work history section on page 3. Completed applications can be mailed to Skyline Hospital Human Resources Department, P.O. Box 99, White Salmon, WA. 98672 or faxed to (509) 493-5114. **Incomplete applications will not be processed.**

Position(s) _____ Date of _____
Applied For _____ Application ____/____/____

PERSONAL DATA

Name _____ / ____ / ____
Last First Middle Social Security Number

Physical Address _____ () _____
Home Phone

Mailing Address _____ () _____
Cell Phone

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

How did you learn about this position opening? Ad Friend Other _____

Have you any relatives employed here? Yes No If yes, indicate name(s) and in what position.

Have you been previously employed here? Yes No If yes, give dates _____

Have you been charged with (or are charges pending in relation to) a felony or misdemeanor?
 Yes No If yes, please explain fully _____

Have you been convicted of a felony or misdemeanor? Yes No If yes, please explain fully _____

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? Yes No If yes, please explain fully _____

OPTIONAL

List any foreign language (s) and check the box that best describes your skill level.

LANGUAGE	READ/WRITE/SPEAK	READ/WRITE	READ/SPEAK	READ	SPEAK

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. Mark "E" if you have experience in the skill. Mark "B" if you have both training and experience in the skill.)

BUSINESS

- _____ Typing
- _____ W.P.M.
- _____ Shorthand __ W.P.M.
- _____ Transcription
- _____ Medical Terminology
- _____ Bookkeeping
- _____ Accounting
- _____ Ten-Key Adding
- _____ Calculator
- _____ Key Punch
- _____ Invoicing / Inventory
- _____ Reception
- _____ Phone Switchboard
- _____ Insurance Billing
- _____ Medicare / Medicaid
- _____ Word Processing Software
- _____ Computers
- _____ Data Entry
- Other: _____

GENERAL

- _____ Floor Care (Manual)
- _____ Floor Care (Machines)
- _____ Linen Packing
- _____ Autoclave
- _____ Sterilizer (Steam/Gas)
- _____ Dishwasher (Manual)
- _____ Dishwasher (Industrial)
- _____ Sewing
- _____ Maintenance (General)
- _____ Maintenance (Craft)
- _____ Electrical _____
- _____ Plumbing _____
- _____ Building _____
- _____ Electronics _____
- _____ Small Power Tools
- _____ Driving
- Other: _____

PATIENT CARE

- _____ Sterile Techniques
- _____ Vital Signs
- _____ Pre-Op Preps
- _____ Isolation Techniques
- _____ Catheterization
- _____ Coronary Care
- _____ Charting
- _____ Monitor
- _____ Type _____
- _____ Intensive Care
- _____ Orthopedic
- _____ Pediatric
- _____ Geriatric
- _____ Medical
- _____ Surgical
- _____ Obstetrics
- _____ Oncology
- Other: _____

WORK AVAILABILITY

[] Full-Time [] Part-Time [] Per Diem/On-Call [] Temporary

Indicate the shift(s) you will work: [] 1st shift – day [] 2nd shift – evenings [] 3rd shift – nights

Will you rotate shifts? [] Yes [] No Will you work weekends? [] Yes [] No

Will you work overtime [] Yes [] No

Indicate the days you are available for work:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

JOB PERFORMANCE ABILITY

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

EDUCATION

High School

Name, Location	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	--

College or Schools after high school (include any job related education or training in military service).

Name, Location	Academic Major, Skill or Trade	Dates Attended	Degree/Diploma & Year Graduated

WORK EXPERIENCE

This section must be completed. Please do not write “*see resume*”, and remember to include phone numbers where requested. **List your** last five (5) years of employment starting with your most recent employer, and account for any time gaps, including any military service. (Attach additional sheet if necessary.)

1. Name of employer, address	Dates employed (mo./yr.) From To Final Salary	Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
You last job title and description		Reason for leaving
2. Name of employer, address	Dates employed (mo./yr.) From To Final Salary	Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
You last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo./yr.) From To Final Salary	Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
You last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo./yr.) From To Final Salary	Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
You last job title and description		Reason for leaving

Did you work under a different name for any employer listed above? _____

ATTENDANCE

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

If yes, please explain _____

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? Yes 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? Yes No

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

I understand that 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 that 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 that 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 that no representative of the company, other than the President, has authority to enter into any agreement contrary to the forgoing.

I understand that 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

APPLICANT – DO NOT WRITE BELOW THIS LINE

Starting Date:	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem <input type="checkbox"/>
Starting Pay Rate: \$	Professional License Verified <input type="checkbox"/> Yes <input type="checkbox"/> No
Starting Pay Step:	References Checked <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	WA State Patrol Queried <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:	Drug Screen Completed <input type="checkbox"/> Yes <input type="checkbox"/> No