



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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	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?	
Status:			
<input type="checkbox"/> Full-time			
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Per Diem/On Call			

Post-Secondary Education, Training and/or Military Experience

List all education beginning with high school or GED.
If high school diploma or GED was not achieved, please list highest level completed: _____

Name and Address of School or University	Diploma/Degree Obtained (Yes/No)	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? 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

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	_____ Typing _____ words/minute	_____ Phone switchboard	_____ Bookkeeping
	_____ Medical terminology	_____ Medicare/Medicaid	_____ Insurance billing
	_____ Accounting	_____ Software/computers	_____ Word processing
	_____ Calculator	_____ Transcription	_____ Data entry
	_____ Ten-key adding	_____ Reception	Other: _____

Work Skills Continued

General	<input type="checkbox"/> Floor care (manual)	<input type="checkbox"/> Maintenance (craft)	<input type="checkbox"/> Floor care (machines)
	<input type="checkbox"/> Dishwasher (industrial)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Driving
	<input type="checkbox"/> Small power tools	<input type="checkbox"/> Plumbing	Other:
	<input type="checkbox"/> Maintenance (general)	<input type="checkbox"/> Building	
	<input type="checkbox"/> Electronics		
Patient Care	<input type="checkbox"/> Sterile techniques	<input type="checkbox"/> Charting	<input type="checkbox"/> Geriatric
	<input type="checkbox"/> Vital signs	<input type="checkbox"/> Monitor	<input type="checkbox"/> Medical
	<input type="checkbox"/> Pre-ops prep	<input type="checkbox"/> Intensive care	<input type="checkbox"/> Surgical
	<input type="checkbox"/> Isolation techniques	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Obstetrics
	<input type="checkbox"/> Catheterization	<input type="checkbox"/> Pediatric	Other:
	<input type="checkbox"/> Coronary care	<input type="checkbox"/> Oncology	

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:		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:		Supervisor:
Reason for leaving:		May we contact this employer?

Work Experience Continued (please add an additional sheet if more space is needed)

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

Consent and Authorization

Skyline Hospital is an equal opportunity employer and does not discriminate in hiring based on federally-protected classifications (i.e., race, color national origin, ancestry, religion, sex, disability, veteran status, age, genetic information, or any other protected class covered under feral, state or local laws).

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 that this application is not intended to and does not create a contract or offer of employment.

I understand and agree, if hired, my employment would be on an at-will basis and 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 or his designee, has authority to enter into any agreement contrary to the forgoing.

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 in addition to the pre-employment screening process established by this employer.

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 all company property must be returned on or prior to the last day of work.

Signature of applicant:	Date:
Internal use only	
Starting date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per diem/on-call <input type="checkbox"/> Temporary
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:	Other:
Department:	