



315 N. 14<sup>th</sup> Avenue  
Othello, WA 99344  
(509) 488-2636

**APPLICATION FOR EMPLOYMENT**  
*We are An Equal Opportunity and "At Will" Employer*

**Instructions:** Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. Please **type or print clearly** all information.

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

**PERSONAL DATA**

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Phone Number

Permanent Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(If other than above) Street City State Zip Phone Number

Email Address: \_\_\_\_\_

If you are under 18 years of age, can you provide required 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, please indicate name(s) and in what position.  
\_\_\_\_\_

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

**WORK AVAILABILITY**

Regular  Short-Term  Full-Time  Part-Time  On-Call  Work Overtime?  Yes  No

Indicate shift(s) you will work:

1<sup>st</sup> shift – days  2<sup>nd</sup> shift – evenings  3<sup>rd</sup> shift – nights

Will you rotate shifts?  Yes  No

Will you work weekends?  Yes  No

Indicate days you are available for work.

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_ Sunday

**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 \_\_\_\_\_  
\_\_\_\_\_

**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.)

**BUSINESS**

**GENERAL**

**PATIENT CARE**

- \_\_\_\_\_ Typing \_\_\_\_\_ 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: \_\_\_\_\_

- \_\_\_\_\_ 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: \_\_\_\_\_

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

**Comments:**

\_\_\_\_\_

**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<br><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 or Diploma & Year Graduated |
|----------------|--------------------------------|----------------|------------------------------------|
|                |                                |                |                                    |
|                |                                |                |                                    |
|                |                                |                |                                    |

**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 EXPERIENCE**

**List most recent employer first.** Include at least past five (5) years, and account for any time gaps in your employment history, including any military service. (Attach additional sheet if necessary.)

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

Did you work for any of the above employers under a different name? If so, please circle which one(s) 1 2 3 4

Give previous name

\_\_\_\_\_

**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 ONLY | SPEAK ONLY |
|----------|------------------|------------|------------|-----------|------------|
|          |                  |            |            |           |            |
|          |                  |            |            |           |            |
|          |                  |            |            |           |            |

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 satisfactory completion of the new hire credentialing requirements for Othello Community Hospital which are: complete Employment Application; interview process; Washington State Patrol background check (Child/Adult Abuse Information Act); validation of healthcare license, certification or registration; reference checks; Office of Inspector General (OIG) fraud and abuse check; criminal history check; and drug screen. I acknowledge that I need to complete the enclosed Disclosure Statement. I understand the above mentioned credentialing will be completed if I am offered a position.

Consent to pre-employment testing is described in our application for employment, which is signed by all applicants. This release shall remain in effect for the length of my employment and pertain to future release of the above information for employment related purposes.

I consent to and authorize this employer and its personnel to request any information concerning my previous employment records 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 that this employer is an at will employer, which means you could be hired for an indefinite term of employment. Both you and OCH are free to terminate the employment relationship at any time, with or without cause or advance notice, and without compensation except for time actually worked. Any exception to this policy must be contained in a written agreement signed by the Administrator.

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 an amount necessary to satisfy any unpaid obligation.

**Signature of Applicant**

**Date**

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Starting Date:  
Starting Pay Rate\$  
Position Title  
Position Number:

Full-Time  Part-Time  On-Call  Temp.   
Orientation?  Yes  No  
Professional license verified?  Yes  No  
Employment Physical?  Yes  No Date: \_\_\_\_\_

# Othello Community Hospital

## Consent to Request Consumer Report Information

I understand that Othello Community Hospital (“the Hospital”) will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, the Hospital may obtain further information through subsequent investigations by a consumer reporting agency to update, renew, or extend by employment.

I understand a consumer reporting agency’s investigation may include obtaining information covering up to the last seven years regarding my background, references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify the Hospital within five (5) business days of my receipt of the report. If I notify the Hospital within five (5) business days of the receipt of the report that I am challenging information in the report, the Hospital will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize the Hospital to procure a report on my background as stated above from a consumer reporting agency.

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**Signature**

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**Date**

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**Printed Name**