



315 N. 14th 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

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:

1st shift – days 2nd shift – evenings 3rd 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.) From To	Name of Supervisor Phone # 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.) From To	Name of Supervisor Phone # 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.) From To	Name of Supervisor Phone # 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.) From To	Name of Supervisor Phone # 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.

Signature

Date

Printed Name