



OCEAN BEACH HOSPITAL

**P.O. Box H
Ilwaco, WA. 98624
(360) 642-3181
FAX (360) 642-6309**

We are an Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

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 Social Security Number

Mailing Address _____ () _____
Street City State Zip Phone Number

Physical 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 you 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 _____

Have you been convicted of a felony or misdemeanor? Yes No
(A "yes" answer to this question will not necessarily bar the applicant from employment)

If yes, explain fully _____

Have you been debarred, excluded, or otherwise ineligible for participation in federal health care program?
 Yes No (A "yes" answer to this question will not necessarily bar the applicant from employment)

If yes, 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 Only	Speak Only

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

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

Comments:

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

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 or Diploma & Year Graduated

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 military service (Attach additional sheet if necessary.)

1. Name of employer, address	Date employed (mo./yr.) From To Final Salary \$	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	Date employed (mo./yr.) From To Final Salary \$	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	Date employed (mo./yr.) From To Final Salary \$	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	Date employed (mo./yr.) From To Final Salary \$	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 ones(s) 1 2 3 4

Give previous name _____

