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 ☐ Yes ☐ 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	Name of Supervisor Phone # May we contact? ☐ Yes ☐ No
Your last job title and description		Reason for leaving
2. Name of employer, address	Date employed (mo./yr.) From To	Name of Supervisor Phone # May we contact? ☐ Yes ☐ No
Your last job title and description		Reason for leaving
3. Name of employer, address	Date employed (mo./yr.) From To	Name of Supervisor Phone # May we contact? ☐ Yes ☐ No
Your last job title and description		Reason for leaving
4. Name of employer, address	Date employed (mo./yr.) From To	Name of Supervisor Phone # May we contact? ☐ Yes ☐ 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: _____

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 Hospital or myself, and understand that no representative of the Hospital, other than the C.E.O, has authority to enter into any agreement contrary to the foregoing.

I understand that all hospital property must be returned and any indebtedness to the Hospital must be paid on or before my last day of work. I authorize the Hospital 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: ☐ Full Time ☐ Part-time ☐ On Call ☐ Temp
Starting Pay Rate $ Orientation? ☐ Yes ☐ No
Position Title: Professional license verified? ☐ Yes ☐ No
Position Number Pre-employment drug screen? ☐ Yes ☐ No
Department: Replacement Position ☐ New Position ☐
Reference Checked? ☐ Yes ☐ No Reference Received: ☐ Yes ☐ No