



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 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 | GENERAL | PATIENT CARE |
|---|--|--|
| <input type="checkbox"/> Typing <input type="checkbox"/> W.P.M. | <input type="checkbox"/> Floor Care (Manual) | <input type="checkbox"/> Sterile Technique |
| <input type="checkbox"/> Shorthand <input type="checkbox"/> W.P.M | <input type="checkbox"/> Floor Care (Machines) | <input type="checkbox"/> Vital Signs |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Linen Packing | <input type="checkbox"/> Pre-Op Preps |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Autoclave | <input type="checkbox"/> Isolation Technique |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Sterilizer (Steam/Gas) | <input type="checkbox"/> Catheterization |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Dishwasher (Manual) | <input type="checkbox"/> Coronary Care |
| <input type="checkbox"/> Ten-Key Adding | <input type="checkbox"/> Dishwasher (Industrial_ | <input type="checkbox"/> Charting |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Sewing_____ | <input type="checkbox"/> Monitor |
| <input type="checkbox"/> Key Punch | <input type="checkbox"/> Maintenance (General) | Type _____ |
| <input type="checkbox"/> Invoicing/Inventory | <input type="checkbox"/> Maintenance (Craft) | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Reception | <input type="checkbox"/> Electrical _____ | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Phone Switchboard | <input type="checkbox"/> Plumbing _____ | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Insurance Billing | <input type="checkbox"/> Building _____ | <input type="checkbox"/> Geriatric |
| <input type="checkbox"/> Medicare/Medicaid | <input type="checkbox"/> Electronics _____ | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Small Power Tools | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> Software _____ | <input type="checkbox"/> Driving_____ | <input type="checkbox"/> Obstetrics |
| <input type="checkbox"/> Computers | Other: _____ | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Data Entry | | Other: _____ |
| 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 | 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 | 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 | 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 | 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: _____

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: | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part-time | <input type="checkbox"/> On Call | <input type="checkbox"/> Temp |
| Starting Pay Rate \$ | Orientation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Position Title: | Professional license verified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Position Number | Pre-employment drug screen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Department: | Replacement Position | <input type="checkbox"/> | New Position | <input type="checkbox"/> |
| Reference Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No | Reference Received: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |