

**APPLICATION FOR EMPLOYMENT**

We are an Equal Opportunity Employer

**POSITION(S) APPLYING FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Columbia Basin Hospital is an equal opportunity employer dedicated to a policy of non-discrimination in employment (including application for employment) on any basis including race, color, religion, national origin, ancestry, citizenship, sex, age, physical or mental disability, medical condition, pregnancy, veteran or military status, or any other basis prohibited by local, state, and federal law.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with disabilities act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Columbia Basin Hospital. Please contact Human Resources if you need assistance completing this application or to otherwise participate in the application process.

**READ AND ANSWER ALL QUESTIONS CAREFULLY. FAILURE TO RESPOND TO ALL QUESTIONS MAY DISQUALIFY THIS APPLICATION FROM REVIEW AND CONSIDERATION. ALL INFORMATION MUST REFLECT A COMPLETE AND ACCURATE RECORD OF YOUR EDUCATION AND EMPLOYMENT HISTORY.**

**PERSONAL DATA**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE IN.

Present 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 proof of your eligibility to work? Yes \_\_\_ No \_\_\_ N/A \_\_\_

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

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: \_\_\_\_\_

**WORK AVAILABILITY**

Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ On-call \_\_\_ If temporary or on-call, indicate when available:

Availability: \_\_\_\_\_

Indicate which shifts you will work: 1<sup>st</sup>/Days \_\_\_\_\_ 2<sup>nd</sup>/Evenings \_\_\_\_\_ 3<sup>rd</sup>/Nights \_\_\_\_\_

Will you rotate shifts? Yes \_\_\_ No \_\_\_ Will you work weekends? Yes \_\_\_ No \_\_\_

Are you available for overtime? Yes \_\_\_ No \_\_\_

Indicate days you are available for work:

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

## BACKGROUND INFORMATION

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

Yes \_\_\_ No \_\_\_ If yes, explain fully: \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor in the last 7 years?

Yes \_\_\_ No \_\_\_ (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully: \_\_\_\_\_

## EDUCATION

High School Name: \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

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/Trade	Graduate?

## 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 or resume if desired.) **Please complete this section even if you are attaching a resume.**

1. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary: \$	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:
2. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary:	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & description:		Reason for leaving:
3. Name of employer, address:	Dates employed (mo/yr) From:            To: Final Salary:	Name of Supervisor: Phone #: May we contact? Yes ( ) No ( )
Your last job title & 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 your previous name: \_\_\_\_\_

**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 \_\_\_\_\_  
 Have you ever had a professional registration/license revoked, suspended or restricted? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain fully: \_\_\_\_\_

**I certify 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 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 offense.**

**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 company or myself, and understand that no representative of the company, other than the Administrator has authority to enter into any agreement contrary to the foregoing.**

**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**

