



We are an Equal Opportunity Employer

EMPLOYMENT APPLICATION

AVAILABILITY

Please consider my application for the following position(s): _____

If you are submitting this application to be considered for multiple open positions or when future openings occur, list the type of positions you would like to be considered for: _____

Provide all information requested on this form. If you wish to supply additional education, employment history or experience, please attach a separate sheet or résumé. ***Please type or print clearly.***

Today's Date _____ Date Available for Employment _____ Salary Requirement \$ _____

Name _____ Preferred /Nickname _____
 Last First Middle Initial

Address _____
 PO Box / Street City State Zip

(____) _____ (____) _____ _____
 Land line phone Mobile phone Email Address (Optional)

Have you been previously employed by us? No Yes; Please provide date(s) of employment : _____

Are you legally allowed to work in the United States? No Yes

EMPLOYMENT EXPERIENCE

How many employment positions have you held in the last 5 years: _____

List your most recent employer first. Include at least the past five (5) years, and account for any time gaps in your employment history, including any military service. *Please attach an additional page, if necessary.*

1. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes May we call you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving
2. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving

3. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving
4. Employer (Name & Address)	Dates employed (Month & Year) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> No <input type="checkbox"/> Yes
Your last job title	Job Description	Reason for leaving

Did you work for any of the above employers under a different name? No Yes
If yes, please circle the number in the box with the employer's name. (1, 2, 3 or 4)

List your previous name(s): _____

WORK SKILLS

List training and/or experience which may qualify you for the position(s) desired.

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

EDUCATION

Provide information about your education, starting with the most recent school attended.

Last level of education completed: _____
(Examples - High School diploma, GED, Associates, Bachelors, Masters)

High School

Name & Location	Diploma or G.E.D. ?
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Neither

Have you served in the US Military? No Yes

If yes, provide dates (mm/yyyy): _____

If yes and you are no longer serving, were you granted an honorable discharge? No Yes

College / Higher Education after High School

Name & Location	Academic Major, Skill or Trade	Dates Attended	Degree or Diploma and Year Graduated

DESIRED WORK SCHEDULE

Status:

- Full Time
- Part Time
- Relief (*Per Diem*)
- Temporary /Seasonal
- Any

Shift:

- Days
- Evenings
- Nights
- Alternating
- Rotating
- Any

Work Days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Any

Would you consider other schedules?

No Yes

Have you used any illegal drugs or used controlled substances without a prescription in the last two years?

No Yes

Have you ever been convicted of a misdemeanor or felony offense? (*A conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect of suitability for employment.*)

No Yes

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

No Yes *A "yes" answer to this question will not necessarily bar the application from employment. If "yes", please explain in detail on a separate sheet of paper.*

REFERENCES

If you were referred to us, please provide their name: _____

<p>Reference # 1 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	
<p>Reference # 2 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	
<p>Reference # 3 Name, Position or Title, Phone Number, Address, City, ST and Zip Code, How Long They Have Known You</p>	

PROFESSIONAL REGISTRATION / LICENSURE

How many professional licenses and/or registrations do you hold: _____

Type of Registration or License	State	Number	Date of Expiration

If an examination is required, what date are you scheduled to take the examination? _____

If you do not have a required registration or license, have you applied for one? No Yes Date: _____

If not licensed in Washington State, have you applied for reciprocity? No Yes Date: _____

I certify that the information set forth in this Employment Application 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 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 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 Employment Application. 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 company or myself, and understand that no representative of the company, other than the Board of Commissioners Chairman, has authority to enter into any agreement contrary to the forgoing.

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

MAIL to:

THREE RIVERS HOSPITAL
Attn: Human Resources
 PO Box 577
 Brewster, WA 98812

OR

FAX to:

THREE RIVERS HOSPITAL
Attn: Human Resources
 Fax # (509) 689-2086

***** *HUMAN RESOURCES USE ONLY* *****

Starting Date: _____ Full-Time Part-Time On-Call/Per Diem Temporary
 Starting Pay Rate \$ _____ Orientation completed? No Yes Date: _____
 Position Title: _____ Professional license verified? No Yes Date: _____
 Position Number: _____ Employment Physical? No Yes Date: _____
 Department: _____ Replacement/Vacant position New position Emp #: _____
 References Rcvd: No Yes References Checked: No Yes