

3. Employer (Name & Address)	Dates employed (Month & Year) From To	Name of Supervisor
	Final Salary \$	Phone # May we contact? ___ No ___ Yes
Your last job title	Job Description	Reason for leaving
4. Employer (Name & Address)	Dates employed (Month & Year) From To	Name of Supervisor
	Final Salary \$	Phone # May we contact? ___ No ___ 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. ?
	___ Diploma ___ G.E.D. ___ 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: _____

Starting Pay Rate \$ _____

Position Title: _____

Position Number: _____

Department: _____

Full-Time Part-Time On-Call/Per Diem Temporary

Orientation completed? No Yes Date: _____

Professional license verified? No Yes Date: _____

Employment Physical? No Yes Date: _____

Replacement/Vacant position New position Emp #: _____

References Rcvd: No Yes References Checked: No Yes