



Grays Harbor County Public Hospital District No.1
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.

POSITION(S) APPLIED FOR: _____ DATE: _____

PERSONAL DATA

NAME: _____ / _____ / _____
 Last First Middle Social Security Number

PRESENT ADDRESS: _____ (_____) _____
 Street City, State Zip Telephone Number

PERMANENT ADDRESS: : _____ (_____) _____
 (If Other Than Above) Street City, State Zip Telephone Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you a military veteran? Yes No If yes, please listed under Work Experience on page 3.

How did you learn about this position opening? Ad Friend Other _____

Do you have any relatives employed here? Yes No If yes, please indicate name(s) and job position.

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

Have you been convicted of a criminal offense or been released from prison within the past ten (10) years?

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 programs?

Yes No If yes, explain fully: _____

OPTIONAL

List any foreign languages and check the box that best describes your skill level:

Language	Read/Write/Speak	Read/Write	Read/Speak	Read Only	Speak Only

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WORK SKILLS

List training and/or experience that 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 _____ WPM	<input type="checkbox"/> Floor Care (Manual)	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Shorthand _____ WPM	<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	Electrical _____	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Phone Switchboard	Plumbing _____	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Insurance Billing	Building _____	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Medicare/Medicaid	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

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

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

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

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EDUCATION

HIGH SCHOOL _____ Graduate? Yes No - High School Diploma GED
Name and Location

College or Schools after high school (include any job related education or training in military service).

Name and Location	Academic Major, Skill or Trade	Dates Attended	Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

List most recent employer first. Include at least the past five (5) years and account for any time gaps in your employment history, including military service. (Attach addition sheet if necessary.) A resume is completely optional. It **is not** considered a substitute for any part of this application. You **must** complete this work experience section regardless of whether or not you attach a resume.

1. Name and Address of Employer	Dates Employed (mm/yy) From: To: Final Salary:	Name of Supervisor: Phone #:
Job title and description		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
2. Name and Address of Employer	Dates Employed (mm/yy) From: To: Final Salary:	Name of Supervisor: Phone #:
Job title and description		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
3. Name and Address of Employer	Dates Employed (mm/yy) From: To: Final Salary:	Name of Supervisor: Phone #:
Job title and description		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
4. Name and Address of Employer	Dates Employed (mm/yy) From: To: Final Salary:	Name of Supervisor: Phone #:
Job title and description		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:

Did you work for any of the above employers under a different name? Yes No If so, please indicate which one(s)? 1 2 3 4 Previous Name: _____

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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

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 will be conditioned upon receipt of a satisfactory criminal background check. (See Disclosure Statement – pages 5 and 6)

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.

Signature of Applicant _____
Date

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APPLICANT – DO NOT WRITE BELOW THIS LINE

STARTING DATE:	Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> On-Call <input type="checkbox"/> Temp <input type="checkbox"/>
STARTING PAY RATE: \$	Orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
POSITION TITLE:	Professional License Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION NUMBER:	Employment Physical? <input type="checkbox"/> Yes <input type="checkbox"/> No
DEPARTMENT:	Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>
References Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No

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DISCLOSURE STATEMENT

Pursuant to the requirements of RCW-43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Arson First Degree	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	Assault First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Manslaughter First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Assault Fourth Degree (Simple Assault)	<input type="checkbox"/>	<input type="checkbox"/>	Murder First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Assault on a Child, First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Burglary First Degree	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Prostitution First Degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	<input type="checkbox"/>	Rape First, Second or Third Degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Molestation First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Robbery First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Selling or Distributing Erotic Material to a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Crimes Related to Drugs as defined in 43.43.830	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Misconduct with a Minor First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Mistreatment First or Second Degree	<input type="checkbox"/>	<input type="checkbox"/>	Theft First, Second or Third Degree
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Interference First or Second Degree	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide (Negligent Homicide)
<input type="checkbox"/>	<input type="checkbox"/>	Forgery	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>	Extortion First Second or Third Degree
<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed or that is equivalent in any State

If your answer is 'yes' to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

1. Have you ever been found in a:
- (a) Dependency action to have neglected or sexually assaulted/abused or exploited any minor or adult person or to have physically abused any minor? Yes No
 - (b) Domestic relations proceeding to have sexually abused or exploited any minor or to have physically abused any minor? Yes No
 - (c) Disciplinary board final decision to have neglected or sexually or physically abused or exploited any minor or adult person? Yes No
 - (d) Court or state licensing board action to have neglected or sexually abused or exploited any minor or adult person? Yes No
 - (e) Disciplinary board final decision to have abused or financially exploited any person 60 years or older who has a functional, mental or physical inability to care for himself or herself or who is a patient in a state hospital. Yes No

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DISCLOSURE STATEMENT

(continued)

1. Have you ever been found in a: (continued from page 5)

(f) Protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental or physical inability to care for himself or herself who is a patient in a state hospital. Yes No

2. Has it been determined by any state agency or department that you have abused, neglected or exploited anyone? Yes No

3. Has a court issued any order of protection against you for abuse or exploitation Yes No

4. Have you ever had a license to care for children or adults denied, revoked or suspended? Yes No

If your answer is 'yes' to any question 1 through 4, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional mental or physical inability to care for himself or herself or who is a patient in a state hospital:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed			

If your answer is 'yes' to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol and other states.

Signature of Applicant

Please Print Your Name

Date

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system, a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

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