



# Willapa Harbor Hospital

We are an Equal Opportunity Employer

## Application for Employment

### 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

\_\_\_\_ Typing \_\_\_\_\_ WPM  
\_\_\_\_ Shorthand \_\_\_\_\_ WPM  
\_\_\_\_ Transcription  
\_\_\_\_ Medical Terminology  
\_\_\_\_ Bookkeeping  
\_\_\_\_ Accounting  
\_\_\_\_ Ten-Key  
\_\_\_\_ Invoicing/Inventory  
\_\_\_\_ Phone Switchboard  
\_\_\_\_ Insurance Billing  
\_\_\_\_ Medicare/Medicaid  
\_\_\_\_ Data Entry  
\_\_\_\_ Computer Skills  
\_\_\_\_ Software Programs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### GENERAL

\_\_\_\_ Floor Care (Manual)  
\_\_\_\_ Floor Care (Machines)  
\_\_\_\_ Linen Packing  
\_\_\_\_ Autoclave  
\_\_\_\_ Sterilizer (Steam/Gas)  
\_\_\_\_ Dishwasher (Manual)  
\_\_\_\_ Dishwasher (Industrial)  
\_\_\_\_ Sewing  
\_\_\_\_ Maintenance  
\_\_\_\_ Electrical  
\_\_\_\_ Plumbing  
\_\_\_\_ Building Maintenance  
\_\_\_\_ Electronics  
\_\_\_\_ Small Power Tools  
\_\_\_\_ Driving

#### PATIENT CARE

\_\_\_\_ Sterile Technique  
\_\_\_\_ Vital Signs  
\_\_\_\_ Pre-Op Preps  
\_\_\_\_ Isolation Technique  
\_\_\_\_ Catheterization  
\_\_\_\_ Coronary Care  
\_\_\_\_ Charting  
\_\_\_\_ Monitor  
\_\_\_\_ Type \_\_\_\_\_  
\_\_\_\_ Intensive Care  
\_\_\_\_ Orthopedic  
\_\_\_\_ Pediatric  
\_\_\_\_ Geriatric  
\_\_\_\_ Medical  
\_\_\_\_ Surgical  
\_\_\_\_ Obstetrics  
\_\_\_\_ Oncology

Other: \_\_\_\_\_

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:

1<sup>st</sup> Shift - days     2<sup>nd</sup> Shift – evenings     3<sup>rd</sup> 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 \_\_\_\_\_  
Name and Location

Graduate?  Yes  No  High School Diploma  GED

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 additional sheet(s) 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.

<u>1.</u> Name and Address of Employer	Dates Employed (mo./yr.) 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:
<u>2.</u> Name and Address of Employer	Dates Employed (mo./yr.) 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:
<u>3.</u> Name and Address of Employer	Dates Employed (mo./yr.) 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:
<u>4.</u> Name and Address of Employer	Dates Employed (mo./yr.) 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. 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 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 Willapa Harbor Hospital or myself.

I consent to and authorize Willapa Harbor Hospital 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.

Willapa Harbor Hospital does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, age, disability or any other protected status under applicable federal, state or local law.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

#### APPLICANT – DO NOT WRITE BELOW THIS LINE

Starting Date:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary <input type="checkbox"/>
Starting Rate of Pay: \$	Orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Position Title:	Professional License Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:	Pre-Employment Paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No
References Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	References Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>	

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### DISCLOSURE STATEMENT

(The following information will be kept confidential)

**Pursuant to the requirements of RCW-43.43.830-845, we must ask you to complete the following disclosure statement regarding whether or not you have a conviction of any of the following offenses:**

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	Arson First Degree	<input type="checkbox"/>	<input type="checkbox"/>	Indecent liberties
<input type="checkbox"/>	<input type="checkbox"/>	Assault First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Assault of a Child, First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	Burglary First Degree	<input type="checkbox"/>	<input type="checkbox"/>	Manslaughter First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Murder First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Prostitution First Degree
<input type="checkbox"/>	<input type="checkbox"/>	Child Molestation First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Sexual Abuse of a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Rape or Rape of a Child First, Second or Third Degree
<input type="checkbox"/>	<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	<input type="checkbox"/>	Robbery First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Crimes Related to Drugs as defined in 43.43.830	<input type="checkbox"/>	<input type="checkbox"/>	Selling or Distributing Erotic Material to a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Mistreatment First or Second Degree	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Misconduct with a Minor First or Second Degree
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Interference First or Second Degree	<input type="checkbox"/>	<input type="checkbox"/>	Theft First, Second or Third Degree
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Sexual Misconduct First or Second Degree	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment of a Controlled Substance	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	Extortion First, Second or Third Degree	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may be renamed in the future
<input type="checkbox"/>	<input type="checkbox"/>	Forgery			

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 any:

- (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
- (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

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### DISCLOSURE STATEMENT

(continued from page 5)

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.

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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.

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If your record shows a conviction for the following crimes, the facility may disqualify you:

- | YES                      | NO                       |                                       | YES                      | NO                       |  |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Manufacture of a controlled substance | <input type="checkbox"/> | <input type="checkbox"/> | Possession with the intent to manufacture a controlled substance |
| <input type="checkbox"/> | <input type="checkbox"/> | Delivery of a controlled substance    | <input type="checkbox"/> | <input type="checkbox"/> | Possession with the intent to deliver a controlled substance     |

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.

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**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.**

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Signature of Applicant

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Date

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Please Print Name

We may request your fingerprints be obtained 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.