



We are an Equal Opportunity Employer

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 all information.

Position(s) Applied for _____ Date of Application _____

Personal Data

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Email Address _____

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?
 If yes, please list under Work Experience. Yes No

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 _____

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

Have you been convicted of a criminal offense
 or been release from prison within the past ten (10) years? Yes No

If yes, explain fully _____
 (A "yes" answer to this question will not necessarily bar the applicant from employment).

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(s) and check the box that best describes your skill level.

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

Work Skills

List training and/or experience which 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 _____ W.P.M.	<input type="checkbox"/> Floor Care (Manual)	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Shorthand _____ W.P.M.	<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	<input type="checkbox"/> Electrical _____	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Phone/Switchboard	<input type="checkbox"/> Plumbing _____	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Building _____	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> 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	<input type="checkbox"/> Other _____	<input type="checkbox"/> Oncology
<input type="checkbox"/> Other _____		<input type="checkbox"/> 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 Ability

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

Education

High school _____ City _____ State _____

Diploma or GED Yes No

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

Name _____ City _____ State _____

Academic major, skill or trade _____ Dates attended _____ Did you graduate? _____

Name _____ City _____ State _____

Academic major, skill or trade _____ Dates attended _____ Did you graduate? _____

Name _____ City _____ State _____

Academic major, skill or trade _____ Dates attended _____ Did you 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 if necessary.)

1. Name of employer _____ Address _____

Dates employed (mo/yr) from _____ to _____ Final salary _____

Name of supervisor _____ Phone# _____ May we contact? Yes No

Job title and responsibilities _____

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

Job title and responsibilities _____

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

Job title and responsibilities _____

Reason for leaving _____

4. Name of employer _____ Address _____

Dates employed (mo/yr) from _____ to _____ Final salary _____

Name of supervisor _____ Phone# _____ May we contact? Yes No

Job title and responsibilities _____

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 previous name _____

Attendance

Do you now 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

1. Type of registration or license _____ State _____ Number _____
Date of expiration _____

2. 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.

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 _____

Request for Reference Form



This section to be completed by the applicant.

I authorize Prosser Memorial Hospital to solicit information regarding my character, general reputation, previous employment and similar background information, and to contact any and all references I have given on my application.

Applicant's Signature _____ Date _____

Previous Employer _____

Employer's Address City _____ State _____ Phone # _____

Name of contact person _____ Fax # _____

To whom it may concern

The above-named applicant has indicated that he/she was previously employed by you. Your evaluation of him/her will be sincerely appreciated, and will be held in complete confidence. Both the applicant and I will benefit from an early reply, since his/her employment is pending. Please complete the following form and respond by mail, phone (509-786-6680) or fax (509-786-6608). Thank you.

Signed _____ Date _____

Human Resources

To be completed by former employer

Please verify or complete the following information.

Applicant(s) name(s) _____ Has applied for a position as _____

Dates of employment From _____ To _____ Soc. Security _____

Position or title _____

Duties and/or responsibilities _____

Reason for leaving _____

Would you rehire? Yes No If not, why not? _____

What did you think of his/her work? What were his/her strong points? _____

Please comment and/or rate the following worker qualities.

	Poor	Average	Very good	Excellent
Quality of Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance/dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurturing/care of patients/customers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional comments (anything else we should know?) _____

Completed by _____ Date _____

For your convenience, you may respond by faxing the completed response to 509-786-6608, Attn: HR Department.

Prosser Memorial Hospital • 509-786-2222 • 723 Memorial Street • Prosser, WA 99350