

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** all information.

POSITION(S) _____ DATE OF
APPLIED FOR _____ APPLICATION ____ / ____ / ____

PERSONAL DATA

Name _____ / ____ / ____
Last First Middle Social Security Number

Present Address _____ (____)
Street City State Zip Phone Number

Permanent Address _____ (____)
(If other than above) Street City State Zip Phone Number

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

How did you learn about this position opening? Friend Employee _____ (name)
 Ad _____ (name of publication) Website _____ Job fair _____
 Worksource Walk-in 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 felony or misdemeanor?
 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 (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully _____

Optional: 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

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)	<input type="checkbox"/> 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	Other: _____	<input type="checkbox"/> Oncology
<input type="checkbox"/> Data Entry		Other: _____
Other: _____		

Comments:

WORK AVAILABILITY

Regular Short-Term Full-Time Part-Time On-Call Work Overtime? Yes No

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

Name, Location	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
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College or Schools after high school (include any job related education or training in military service)

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
2. Name of employer, address	Dates employed (mo./yr.) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo./yr.) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo./yr.) From To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		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 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

I certify that 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 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 the 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 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.

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 the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

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**

APPLICANT - DO NOT WRITE BELOW THIS LINE

Starting Date: Full-time Part-time On-call Temp.

Starting Pay Rate \$ Orientation? Yes No

Position Title: Professional license verified? Yes No

Position Number: Employment Physical? Yes No Date: _____

Department: Replacement Position New Position

References Checked: Yes No References Received: Yes No

Jefferson Healthcare Application Instructions

I am applying for: _____

1. If you need accommodation or assistance to complete this application for employment inform the Human Resources Department.
2. You may apply for more than one available position. Positions are currently available if posted on the job board. Please indicate the position(s) you are applying for on the line above.
3. The purpose of the application form is to provide you with the opportunity to demonstrate your knowledge, skills, experience, abilities and other attributes that meet the requirements for the position. It is in your best interest to take your time and list your qualifications. **All of the inquiries on the application must be completed and signed. The Work Experience section must be completed as a resume generally does not have all of the necessary information.** The information you provide must be accurate and truthful. If an inquiry is left blank, your application may be rejected. If you feel the question or information sought is not applicable, put N/A for a response. Any false or inaccurate information will result in the rejection of the application or will result in termination of employment if the false or inaccurate information is discovered after the date of hire.
4. Current Washington State licenses and/or certificates must be provided at this time and listed below.
5. Additional forms to be completed and included with this application are: (Please check boxes)
 - Disclosure of Convictions
 - Background Investigation Authorization
 - Two (2) Reference forms

FOR COMPLETE JOB REQUIREMENTS SEE JOB DESCRIPTION

I possess the qualifications per the posting/job description and have listed them below:

	License Number if Applicable	Expiration Date
WA State Professional License		
CPR		
ACLS		
Other as listed per Job description (i.e., ARRT, RNC, TNCC, NRP)		

I understand that I will only be considered to the job(s) that I am applying for. I understand that my application will only be considered active for 60 days from the date indicated below. I hereby acknowledge that I understand these instructions and will abide by them.

Date

Applicant's Signature

Disclosure of Convictions

The hospital has a statutory duty to perform background checks, including criminal background checks through the Washington State Patrol, on all applicants. You are required to disclose any and all convictions on your employment application and to fill out a Applicant Disclosure Statement. Disclosing this information will not necessarily bar you from employment. Any false or inaccurate information or omission of any conviction on the employment application or disclosure statement will result in the rejection of your application or result in termination, if the false or inaccurate information or omission of any conviction on the application or disclosure statement is discovered after the date of hire.

I understand the above statement and agree to comply with the requirement.

**Applicant Name
(Please Print)**

Signature of Applicant

Date

*Applicant Disclosure, Pursuant to RCW 43.43.834
Child and Adult Abuse Information Act*

Answer Yes or No to each listed item. If the answer is Yes to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

Answer _____ If Yes, Explain:

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery, or any of these crimes as they may be renamed in the future?

Answer _____ If Yes, Explain:

3. Have you ever been convicted of crimes related to drugs as defined in RCW43.43.830 as follows: to manufacture, delivery, possession with intent to manufacture or deliver a controlled substance?

Answer _____ If Yes, Explain:

4. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If Yes, Explain:

5. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ If Yes, Explain:

6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

Answer _____ If Yes, Explain:

7. Have you ever been found in any protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?

Answer _____ If Yes, Explain:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant
Signature _____

Date _____

JUSTIFACTS CREDENTIAL VERIFICATION, INC.

8085 Saltsburg Road, Suite 100, Pittsburgh, PA 15239

PHONE: (800) 356-6885 ~ FAX: (412) 798-4799

www.justifacts.com

Notification and Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for **Jefferson Healthcare** to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, workers compensation and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this initial report only.

PLEASE PRINT CLEARLY

FULL NAME: _____

OTHER NAMES USED/MAIDEN NAME/DATES: _____

CURRENT ADDRESS: _____ PHONE: _____

LIST ALL ADDRESSES FOR PAST 7 YEARS:

EMAIL ADDRESS: _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ STATE ISSUED: _____

*** MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

*** HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

Notice to California Applicants

(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed)

If yes, please explain: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

SIGNATURE: _____ DATE: _____

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which Justifacts has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Justifacts during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts.

NOTICE: Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 at seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both." REV. 3/05

Reference Letter

Instructions to applicant:

1. Complete a separate sheet for each of your last two (2) employers.
2. Write complete name and address of each employer in the space provided below. Include zip code and phone number.
3. Read Statement and sign your name.

Previous Employer's Name and Address:

Phone Number: _____

Applicant-Complete for Employer Addressed above:

I have applied for employment at Jefferson Healthcare and request that you furnish the information below which will be used to determine my qualifications for employment.

Date: _____ Applicant's Signature: _____

SS#: _____ Print Applicant Name: _____

Employed from: _____ To: _____ Position: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Employment Reference Verification

Employed from: _____ To: _____ Position: _____

Duties: _____

Quality of work: _____

What are applicants top three strengths? _____

What are applicants three weaknesses? _____

Reference Letter pg 2

How did they affect other people? _____

How was their attendance and punctuality? _____

How did they compare to others in similar positions? (1 worst to 5 best) _____

What are their technical skills and knowledge of work? _____

Did they follow safety procedures? Yes No

Work well with other employees? Yes No Work well with customers? Yes No

Work well with supervisors? Yes No Work well independently? Yes No

Work well as a member of a team? Yes No

Take direction and constructive criticism well? Yes No

Any problem with supervisor or any subordinates? Yes No

Reason for Leaving: _____

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

Would you recommend this applicant for employment? Yes No If not, why? _____

Anything else we should know about this applicant? _____

Comments: _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Thank you for your time and evaluation of this applicant

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Thank you for your time and evaluation of this applicant