FORKS COMMUNITY HOSPITAL
530 Bogachiel Way • Forks Washington • 98331
(360) 374-6271 phone (360) 374-1131 fax

Pre-Employment Drug Testing Required

We are An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please complete and return the following forms to FCH Human Resources. 1) Application for Employment 2) Applicant Disclosure Form and 3) Applicant Data Form (optional). If you wish to supply additional information please use the back page of this application. Please clearly type or print all information.

POSITION DESIRED _____ DATE OF APPLICATION ___/___/___

Name _____
Last First Middle

Mailing Address _____ ( ) _____
Street City State Zip Phone Number

E-mail Address _____ ( ) _____
Cell 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? ☐ Paper Ad _____ ☐ Friend

☐ FCH Website ☐ Other Website _____ ☐ Other _____

Have you any relatives employed here? ☐ Yes ☐ No If yes, please indicate name(s) and in what position.

_____

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

OPTIONAL List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ/WRITE/SPEAK	READ ONLY	WRITE ONLY	SPEAK ONLY

EDUCATION

High School - name and location	Diploma or GED ☐ Yes ☐ No

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	Did you graduate?	Degree / Certification

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

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. _____

Have you been debarred, excluded or otherwise ineligible for participation in Medicare, Medicaid or other federal health care programs? If yes, explain fully.

☐ Yes ☐ No

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 satisfactory reference and background check results. Furthermore, I understand that background checks are conducted periodically after hire.

I consent to and authorize this employer/personnel and/or an outside party to conduct background checks and request any information concerning my previous employment record as indicated on this Application of 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.

Thank you for your interest in Forks Community Hospital. *We will contact you if we would like to learn more about your potential fit with opportunities here at FCH.* Your information will be kept in our active applicant file for one year.

Thank you again for you interest in Forks Community Hospital. An Equal Opportunity Employer.

_____ _____

Signature of Applicant **Date**

WORK AVAILABILITY

☐ Full-time ☐ Part-time ☐ Temporary ☐ Per Diem

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 the days you are available to 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

WORK EXPERIENCE

List most recent employer first. Include at least past seven (7) years, and account for any time gaps in your employment history, including any military service. Attach additional sheet if necessary.

May we contact your current employer(s)? ☐ **Yes** ☐ **No**

Have you ever been discharged/ fired? ☐ **Yes** ☐ **No If so, please explain on the blank page.**

1. Name of employer, address	Dates employed (mo/yr) From To Final Salary $ Hrs/Week:	Supervisor: Phone #
Your last job title and description		Reason for leaving
2. Name of employer, address	Dates employed (mo/yr) From To Final Salary $ Hrs/Week:	Supervisor: Phone #
Your last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo/yr) From To Final Salary $ Hrs/Week:	Supervisor: Phone #
Your last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo/yr) From To Final Salary $ Hrs/Week:	Supervisor: Phone #
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(s) _____