

**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 _____ DATE OF APPLICATION ____/____/____
 DESIRED _____

Name _____
 Last First Middle

Mailing Address _____
 Street City State Zip () Phone Number

E-mail Address _____ () Cell Phone Number

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 <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	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had a professional registration/license revoked, suspended or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> 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.			
<input type="checkbox"/> Yes <input type="checkbox"/> 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	Supervisor: Phone #
Your last job title and description		Reason for leaving
2. Name of employer, address	Dates employed (mo/yr) From To	Supervisor: Phone #
Your last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo/yr) From To	Supervisor: Phone #
Your last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo/yr) From To	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) _____

