



Application for Employment

OFFICE USE ONLY	DATE RECEIVED	DATE UPDATED
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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.

PERSONAL INFORMATION *(Please Print)*

Last Name		First Name	Middle Name
Present Address (Street, City, State and Zip Code)			Phone Number
Permanent Address (Street, City, State and Zip Code)			Phone Number
Will visa or immigration status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 years of age, can you provide proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a felony or misdemeanor? If yes, explain fully *		Court and Nature of Offense	Date/Disposition
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? If yes, explain fully *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to this company before?		When?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for this company before?		When?	Supervisor
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you any relatives employed here?		Name(s) of Relative	Position(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No			

General Information: Referred to LCCH by: Job Posting Board Newspaper Self Employee Internet Community Agency

* PLEASE NOTE: A "YES" ANSWER TO THIS QUESTION WILL NOT NECESSARILY BAR THE APPLICANT FROM EMPLOYMENT.

EMPLOYMENT DESIRED

Position/Job		Date Available
Do you wish to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-Call		Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Indicate days you are available to work:		
<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

EDUCATIONAL BACKGROUND

HIGH SCHOOL	Name and Location of School	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
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COLLEGE or SCHOOLS after high school (including any job related education or training in the military service)

Name, Location	Academic Major, Skill or Trade	Dates Attended	Did you graduate?

U.S. MILITARY SERVICE

Branch of Service	Dates of Duty	Rank at Separation	Briefly describe your duties
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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 accommodations, as set forth in the job description?

Yes No

WORK HISTORY

LIST MOST RECENT EMPLOYER FIRST. Include at least past five (5) years, and explain any gaps in your employment history, including military service. (Attach additional sheet if necessary.)

Employer	Date Hired (mo/yr)	Positions Held and Description of Duties	
Street Address	Date Separated (mo/yr)		
City and State	Salary/Hourly Rate Starting		
Reason for Leaving	Salary/Hourly Rate Ending	Name & Title of Immediate Supervisory/ Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer	Date Hired (mo/yr)	Positions Held and Description of Duties	
Street Address	Date Separated (mo/yr)		
City and State	Salary/Hourly Rate Starting		
Reason for Leaving	Salary/Hourly Rate Ending	Name & Title of Immediate Supervisory/ Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
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City and State	Salary/Hourly Rate Starting		
Reason for Leaving	Salary/Hourly Rate Ending	Name & Title of Immediate Supervisory/ Phone No.	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Did you work for any of the above employers under a different name? If so, please indicate employer and give your previous name. _____

■ OCCUPATIONAL SKILL / EXPERIENCE / CERTIFICATION / TRAINING

List any additional experience, skills or training applicable to the position for which you are applying:

■ OTHER LANGUAGE

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

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

■ ATTENDANCE

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirement? Yes No

If yes, please explain _____

■ PROFESSIONAL REGISTRATION / LICENSURE

TYPE OF REGISTRATION OR LICENSURE	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 _____

■ REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	TELEPHONE NUMBER	NATURE OF RELATIONSHIP

APPLICANT CONSENT and STATEMENT

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 and agree that my employment and compensation may be terminated at any time without prior notice, and with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the Administrator, has authority to enter into any agreement contrary to the foregoing.

Lake Chelan Community Hospital's Fitness for Duty Policy is applicable to all applicants and employees and is available for review in the Human Resources Department. The policy specifies that all offers of employment will be contingent upon the receipt of a negative result of the applicant's urine test for unauthorized substances. The undersigned hereby gives his/her consent to a urine drug test and authorizes release of the test results to Hospital representatives as designated in the hospital's Fitness for Duty Policy. In the event the applicant refuses to submit to the test, the hospital shall withdraw its offer of employment upon this refusal.

I understand that my employment shall be contingent upon proof of identify 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 Lake Chelan Community 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.

APPLICANT'S SIGNATURE

Date: _____

Positions Applied For:

Name: _____

Date: _____

Date application received/updated

CRIMES AGAINST PERSONS DISCLOSURE STATEMENT

Pursuant to the requirements of Chapter RCW 43.43.834, we must ask you to complete the following disclosure statement. This information will be maintained in accordance with state law.

Have you ever been convicted, either as a juvenile or an adult, of any of the following crimes against children or **other persons**, or crimes relating to drugs? Convictions include judge or jury verdicts, guilty pleas, "Alford" pleas or pleas of "nolo contendere."

	Yes	No			Yes	No	
	_____	_____	Aggravated murder		_____	_____	Child abuse or neglect as defined in RCW 26.44.020
	_____	_____	First or Second degree murder		_____	_____	First or Second degree custodial interference
	_____	_____	First or Second degree kidnapping		_____	_____	First or Second degree custodial sexual misconduct
	_____	_____	First, Second or Third degree assault		_____	_____	Malicious harassment
	_____	_____	First, Second or Third degree assault of a child		_____	_____	First, Second or Third degree child molestation
	_____	_____	First, Second or Third degree rape		_____	_____	First or Second degree sexual misconduct with a minor
	_____	_____	First, Second or Third degree rape of a child		_____	_____	Patronizing a juvenile prostitute
	_____	_____	First or Second degree robbery		_____	_____	Child abandonment
	_____	_____	First degree arson		_____	_____	Promoting pornography
	_____	_____	First degree burglary		_____	_____	Selling or distributing erotic material to a minor
	_____	_____	First or second degree manslaughter		_____	_____	Custodial assault
	_____	_____	First or Second degree extortion		_____	_____	Violation of child abuse restraining order
	_____	_____	Indecent liberties		_____	_____	Child buying or selling
	_____	_____	Incest		_____	_____	Prostitution
	_____	_____	Vehicular homicide		_____	_____	Felony Indecent Exposure
	_____	_____	First degree promoting prostitution		_____	_____	Criminal abandonment
	_____	_____	Communication with a minor		_____	_____	Manufacturing a controlled substance
	_____	_____	Unlawful imprisonment		_____	_____	Delivery of a controlled substance
	_____	_____	Simple assault		_____	_____	Possession of a controlled substance with intent to manufacture or deliver
	_____	_____	Sexual exploitation of minors		_____	_____	Endangerment with a controlled substance
	_____	_____	First or Second degree criminal mistreatment		_____	_____	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.

Have you ever been convicted of any of the following crimes relating to financial exploitation where the victim was a "vulnerable adult"? A "vulnerable adult" is a person who lacks the functional, mental or physical ability to care for him/herself; has been found to be incapacitated under Chapter RCW 11.88; has a developmental disability as defined by RCW 71A.10.020; has been admitted into a state licensed boarding home, nursing home, adult family home, soldiers' home, residential habilitation center or any other DSHS licensed facility; or receives services from a provider who contracts with DSHS to provide services for the person in his/her home.

Yes	No		Yes	No	
_____	_____	First, Second or Third degree extortion	_____	_____	Forgery
_____	_____	First or Second degree robbery	_____	_____	Or any of these crimes as they may have been renamed
_____	_____	First, Second or Third degree theft			

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.

Yes	No	
_____	_____	1. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?
_____	_____	2. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
_____	_____	3. 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?
_____	_____	4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any vulnerable adult?
_____	_____	5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

If your answer is "yes" to any of the above, please describe, and provide the date(s) of the finding(s) and explain the details of any findings and penalties imposed.

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 misrepresentations or omissions 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.

Signature: _____

Name (print): _____

Date: _____

We also may request your fingerprints as part of our Washington State Patrol background check. If you are hired before the WSP 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.