



LAKE CHELAN COMMUNITY HOSPITAL
HEALTHCARE CLOSE TO HOME

503 EAST HIGHLAND AVENUE
POST OFFICE BOX 908
CHELAN, WASHINGTON 98816
TELEPHONE 509 682-3300

Application for Employment

Date Received

Notice: Lake Chelan Community Hospital is an Equal Opportunity Employer. Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

Specific Position Applied for: _____

Today's Date: _____

APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. PLEASE REMEMBER TO PRINT CLEARLY AND TO READ AND SIGN ON THE LAST PAGE.

Full Name _____

Home Phone _____

Address _____

City _____

State _____

Zip _____

Mailing Address (if different then address listed above) _____

Daytime or Message Phone _____

Date available to begin work: _____

Do you wish: FT PT On-Call

Are you able to work: Days Evenings Nights

Days you are available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Referred to LCCH by: Website Newspaper Job Posting Board Agency Another Employee Self

Why are you interested in this particular position? _____

What skills and training qualify you for this position? _____

What portions of your work experience qualify you for this position? _____

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages may be added.

PRESENT OR LAST POSITION FIRST

Employer _____

Address _____ City _____ State _____

Your title _____ Supervisor's name and telephone _____
Duties/Responsibilities (be specific) _____

Reason for leaving or for considering a change _____

Did you use a different name while working for this employer?
Is so, please list here: _____

From _____ (month) _____ (year)

To _____ (month) _____ (year)
Full-time _____ Part-time _____

Hrs/Week (if varied, indicate avg)

Paid _____ Unpaid _____
_____ per hour
_____ per month
_____ per year

Last yearly salary _____

May we contact this employer?
Yes _____ No _____

Employer _____

Address _____ City _____ State _____

Your title _____ Supervisor's name and telephone _____
Duties/Responsibilities (be specific) _____

Reason for leaving or for considering a change _____

Did you use a different name while working for this employer?
Is so, please list here: _____

From _____ (month) _____ (year)

To _____ (month) _____ (year)
Full-time _____ Part-time _____

Hrs/Week (if varied, indicate avg)

Paid _____ Unpaid _____
_____ per hour
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Last yearly salary _____

May we contact this employer?
Yes _____ No _____

Employer _____

Address _____ City _____ State _____

Your title _____ Supervisor's name and telephone _____
Duties/Responsibilities (be specific) _____

Reason for leaving or for considering a change _____

Did you use a different name while working for this employer?
Is so, please list here: _____

From _____ (month) _____ (year)

To _____ (month) _____ (year)
Full-time _____ Part-time _____

Hrs/Week (if varied, indicate avg)

Paid _____ Unpaid _____
_____ per hour
_____ per month
_____ per year

Last yearly salary _____

May we contact this employer?
Yes _____ No _____

List ALL other positions you have held in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer	Address	Phone
Your title	Your salary	
Dates of employment	Reason for leaving	

Employer	Address	Phone
Your title	Your salary	
Dates of employment	Reason for leaving	

Employer	Address	Phone
Your title	Your salary	
Dates of employment	Reason for leaving	

PERSONAL REFERENCES

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

Name	Address	Phone	Nature of your Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Circle highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4

	Name of School	Location	Diploma or Degree	Major
High School	_____	_____	_____	_____
College or University	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____
Vocational or Training	_____	_____	_____	_____

ADDITIONAL INFORMATION

Professional Memberships and Affiliations

Professional and Trade Licenses

Have you ever been employed by this company before? When? In what job? _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

Lake Chelan Community Hospital is an equal opportunity employer and does not discriminate on the basis of gender, age, race or color, religion, marital status, national origin, disability or veteran status, sexual orientation or gender preference. (___ initial here)

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for an open position will be interviewed. (____ initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Lake Chelan Community Hospital. (____ initial here)

I consent to a drug testing as may be requested by Lake Chelan Community Hospital's representatives. (____ initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to Lake Chelan Community Hospital, will result in immediate termination of my employment. (____ initial here)

I authorize all previous employers and supervisors, including all persons with whom I have worked, to give Lake Chelan Community Hospital's representatives any and all information regarding me and my previous employment. I release Lake Chelan Community Hospital and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lake Chelan Community Hospital. (____ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of Lake Chelan Community Hospital. My employment and compensation can be terminated at any time at the option of either the company or me. (____ initial here)

Signature

Date