



Yakima Memorial Hospital
 An equal opportunity employer
 2811 Tieton Drive
 Yakima, WA 98902
 509-575-8085
 Fax: 509-577-5048

J O B A P P L I C A T I O N

PLEASE FURNISH ALL INFORMATION REQUESTED ON THIS FORM.

If you wish to supply additional educational or work history information, attach a separate sheet. Please type or print clearly all information. We appreciate your interest in our hospital, and are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in a position for which you are best suited.

NAME

BACKGROUND DATA

How did you hear about this opening? _____

Names of relatives or friends employed here _____

Have you previously applied here? Yes No

If "yes," give last date _____

Have you previously been employed here? Yes No

If "yes," give dates _____

PERSONAL DATA

Last name _____ First _____ Middle _____

Social Security number _____ Birth date _____

E-mail address _____

Local address _____

City _____ State _____ ZIP code _____

Permanent address (if other than above) _____

City _____ State _____ ZIP code _____

Telephone (Home) _____ (Cell) _____

DATE

WORK DESIRED AND WORK AVAILABILITY

Type of work or position desired _____ Second preference, if any _____

What salary do you expect to earn? _____ Full time Part time Available/Occasional Temporary

If temporary, indicate number of months available _____

Give shift preference (indicate first and second preference) and hours able to work _____

Can you rotate shifts? Yes No

Can you work weekends? Yes No

If employed, date you could begin work _____

POSITION

PROFESSIONAL REGISTRATION/LICENSURE

Type of registration or license _____ State _____ Number _____ Date of expiration _____

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

Do you currently, or have you ever had restrictions on your license? Yes No

If yes, please explain _____

EDUCATIONAL HISTORY

SCHOOL	NAME OF SCHOOL AND LOCATION	MAJOR COURSE	CIRCLE LAST YEAR COMPLETED	DATES ATTENDED
ELEMENTARY			3 4 5 6 7 8	From: MO. YR. From: MO. YR.
HIGH SCHOOL			Fr. Soph. Jr. Sr. 1 2 3 4	
COLLEGE, PROFESSIONAL TRADE				
OTHER				

HONORS AND ACTIVITIES: High School _____
 College _____
 What were your grades in high school? _____ College grade point average _____ Based on _____ possible points.

EMPLOYMENT HISTORY

01 LAST OR PRESENT JOB:

Employing firm/Agency _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Address _____ City _____ State _____ ZIP code _____
 Your title _____ Full time Part time
 Specific duties _____
 Last salary _____ Supervisor _____ Telephone _____
 Reason for leaving _____ When may we contact? _____
 Did you work under a different name? Yes No If yes, please list _____

02 PREVIOUS JOB:

Employing firm/Agency _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Address _____ City _____ State _____ ZIP code _____
 Your title _____ Full time Part time
 Specific duties _____
 Last salary _____ Supervisor _____ Telephone _____
 Reason for leaving _____
 Did you work under a different name? Yes No If yes, please list _____

03 PREVIOUS JOB:

Employing firm/Agency _____ From: ____ / ____ / ____ To: ____ / ____ / ____
 Address _____ City _____ State _____ ZIP code _____
 Your title _____ Full time Part time
 Specific duties _____
 Last salary _____ Supervisor _____ Telephone _____
 Reason for leaving _____
 Did you work under a different name? Yes No If yes, please list _____

04 PREVIOUS JOB:

Employing firm/Agency _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Address _____

City _____ State _____ ZIP code _____

Your title _____ Full time Part time

Specific duties _____

Last salary _____ Supervisor _____ Telephone _____

Reason for leaving _____

Did you work under a different name? Yes No If yes, please list _____

Present level of keyboarding skills _____ WPM

Computer software programs with which you have experience _____

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

Language _____ Skill level Read/Write/Speak Read/Write Read/Speak Read only Speak only

Language _____ Skill level Read/Write/Speak Read/Write Read/Speak Read only Speak only

Do you use tobacco? Yes No

How many days were you absent from work, other than approved vacation or holiday leave, over the past 12 months? _____

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your attendance requirements?

Yes No If yes, please list _____

In case of emergency, notify

Name _____ Phone No. _____ Relationship _____

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 the application shall be considered sufficient cause for dismissal. I understand that my employment shall be contingent upon:

- [1] Proof of identity and verification of eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986;
- [2] The checking of references furnished by me;
- [3] The results of mandatory pre-employment urine drug screening; and
- [4] The results of a physical examination to assess my physical capacity to perform the essential functions of the job.
- [5] Verification of licensure and certifications Absent a union contract to the contrary, I understand that my employment is not governed by any written or oral contract and is considered an "at-will" arrangement. This means that I am free, as is the Hospital, to terminate the employment relationship at any time for any reason, so long as there is no violation of applicable federal or state law. If I am employed by this facility, I agree to conform to the standards of conduct and performance and the personnel policies of the organization, which standards and policies may be unilaterally amended by this facility from time to time. I understand that Yakima Valley Memorial Hospital's "Personnel Benefits & Guidelines" handbook does not constitute an employment contract, either implied or expressed.

I have read and understand the above information, and assert that all information provided by me is true and accurate.

Signature _____ Date _____

REFERENCE RELEASE AUTHORIZATION

I am applying for a job at YAKIMA VALLEY MEMORIAL HOSPITAL which provides health care to the public. I know that the Hospital must be careful about the people it employs. I understand that in order for the Hospital and its personnel to make a knowledgeable decision as to my being hired, they must check with prior employers and in the future give reference to other employers.

I consent to and authorize the Hospital and its personnel office to ask any and all of the schools and employers I have indicated in my employment application, in any manner they choose, for information concerning me, whether good or bad, and I know a complete answer is important to my being hired.

I therefore release all parties or persons connected with any request for information from claims, liability and damages for whatever reasons arising out of furnishing this information.

This release shall remain in effect for the length of my employment and pertain to future release of the above information for employment-related purposes.

I have read and understand the above information, and assert that all information provided by me is true and accurate.

Signature _____ Date _____

DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.834, Yakima Valley Memorial Hospital must ask you to complete the following Applicant Disclosure Statement. This information will be kept confidential. Please answer fully and accurately.

Note: Yakima Valley Memorial Hospital will confirm your answers to these questions by:

- [1] Running a Washington State Patrol check for criminal convictions:
- [2] Searching the Washington Courts database for civil adjudications as listed below; and,
- [3] For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

1. Have you ever been convicted of a crime? Yes No

If "yes," please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g., Yakima County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

Yes No

If "yes," please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty imposed.

We may request your fingerprints, and will obtain, upon and during employment from the State Patrol criminal identification system a report of your record of criminal convictions as well as Office of Inspector General reports. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT. We will make a copy of the report available to you upon your request.

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 misrepresentation or omission 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 State Patrol.

I have read and understand the above information, and assert that all information provided by me is true and accurate.

Signature _____ Date _____



PLEASE RETURN YOUR COMPLETED APPLICATION AND A COPY OF YOUR RÉSUMÉ TO:
YAKIMA VALLEY MEMORIAL HOSPITAL • Human Resources • 2811 Tieton Drive • Yakima, WA 98902