

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 SKILLS

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED: (MARK "T" IF YOU HAVE TRAINING IN THE SKILL. MARK "E" IF YOU HAVE EXPERIENCE IN THE SKILL. MARK "B" IF YOU HAVE BOTH TRAINING AND EXPERIENCE.)

BUSINESS	GENERAL	PATIENT CARE
_____ Typing _____ W.P.M	_____ Floor Care (Manual)	_____ Sterile Technique
_____ Transcription	_____ Floor Care (Machines)	_____ Vital Signs
_____ Medical Terminology	_____ Linen Packing	_____ Pre-Op Preps
_____ Bookkeeping	_____ Autoclave	_____ Isolation Technique
_____ Accounting	_____ Sterilizer	_____ Catheterization
_____ Ten-Key Adding	_____ Dishwasher (Manual)	_____ Coronary Care
_____ Calculator	_____ Sewing	_____ Charting
_____ Filing	_____ Maintenance (General)	_____ Monitor
_____ Invoicing / Inventory	_____ Maintenance (Craft)	_____ Type _____
_____ Reception	_____ Electrical _____	_____ Intensive Care
_____ Phone	_____ Plumbing _____	_____ Orthopedic
_____ Insurance Billing	_____ Building _____	_____ Pediatric
_____ Medicare / Medicaid	_____ Electronics _____	_____ Geriatric
_____ Software	_____ Small Power Tools	_____ Medical
_____ Computers	_____ Driving	_____ Surgical
Other: _____	_____	_____
Comments: _____		

WORK AVAILABILITY

Full-Time Part-Time On-Call Work Overtime? Yes No

Indicate shift(s) you will work:

Days Evenings Nights

Will you rotate shifts? Yes No Will you work weekends? Yes No

Indicate days you are available for work: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday
 _____ Friday _____ Saturday _____ Sunday

Date available to begin work _____

WORK EXPERIENCE

List the most recent employer first. Include the past five employers, and account for any time gaps in your employment history, including any military service. (Attach additional sheet if necessary)

1. Name of employer, address	Dates employed (mo/yr) From To Final Salary \$	Name of Supervisor Phone # May we contact?
Your last job title and description		Reason for leaving

2. Name of employer, address	Dates employed (mo/yr) From To Final Salary \$	Name of Supervisor Phone # May we contact?
Your last job title and description		Reason for leaving

3. Name of employer, address	Dates employed (mo/yr) From To Final Salary \$	Name of Supervisor Phone # May we contact?
Your last job title and description		Reason for leaving

4. Name of employer, address	Dates employed (mo/yr) From To Final Salary \$	Name of Supervisor Phone # May we contact?
Your last job title and description		Reason for leaving

5. Name of employer, address	Dates employed (mo/yr) From To Final Salary \$	Name of Supervisor Phone # May we contact?
Your last job title and description		Reason for leaving

EDUCATION

High School

Name, 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	Degree or Diploma & Yr. Graduated

Did you work for any of the above employers under a different name? If so, please indicate which one(s)

1 2 3 4 5 Give previous name _____

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

If yes, please explain _____

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

READ CAREFULLY BEFORE SIGNING

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 that 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 the checking of references furnished by me, and contingent upon a background check performed by a third party, for any criminal offenses.

I understand that Ferry County Public Hospital District is a Drug Free Environment and that I will be asked to take a drug test. My continued employment will be contingent upon a negative drug test.

I consent to and authorize this employer 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.

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

I understand that all Ferry County Public Hospital District property must be returned and any indebtedness to the facility must be paid on or before my last day of work. I authorize Ferry County Public Hospital District to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Signature of Applicant

Date

APPLICANT CERTIFICATION OF CAPABILITY

(Please Print)

Your Full Name: _____

Today's Date: _____

JOB YOU ARE APPLYING FOR: _____

- Instructions:
- PLEASE READ THE ATTACHED JOB DESCRIPTION FOR THIS JOB.
 - COMPLETE THE QUESTIONS AND CERTIFICATIONS BELOW.
 - You are NOT asked to say if you are disabled or if you need accommodation to do the job.

The MINIMUM Requirements Any Applicant Must meet are (but not limited to):

References indicating honesty, good attendance, dependability, performance and leadership abilities, and a positive approach to co-workers and clients. A drug/alcohol test will be performed if a job offer is made and a negative result will be necessary for continued employment. Pre and Post Employment skills testing may be requested.

Preferred Qualifications Include (but not limited to):

Requires physical effort, periods of sitting, standing, walking, bending and/or stooping, twisting, reaching, lifting, and pushing or pulling of objects (usually ≤ 50 lbs). Some accommodation may be made for certain positions. There will be occasional discomforts dealing with unpleasant situations, exposure to dust, fumes, odors, gases, chemical substances and electrical currents. May have exposure to bodily fluids such as blood, body waste, semen and saliva through patient care, waste disposal, clean-up and other routine activities.

1. Do you meet the MINIMUM requirements above? YES No
2. Are you able to perform the functions of this job as described? YES No

3. Certifications:

I hereby affirm that I have read or otherwise become familiar with the Application Procedures, Minimum Requirements, Preferred Qualifications, Physical Abilities and Environmental Exposures and the duties of the above job for which I am applying.

I certify that my answers above are true to the best of my knowledge.

I understand that the District has the right to establish and reestablish job-related qualification standards including education, skills, work experience, and physical and mental standards necessary for job performance, health and safety, and to hire and retain the best qualified person for the job.

Applicant Signature: _____

Date: _____

The EEOC Enforcement Guidance on Pre-Employment Inquiries under the ADA expressly permit employers:

To ask if applicants can perform (with or without accommodation) any or all job functions and to describe or demonstrate such ability.

To ask if applicants need any reasonable accommodation to go through the selection process.

To ask for reasonable documentation of disability when considering such accommodation.

To ask whether and what type of reasonable accommodation may be needed to perform essential job functions if the employer reasonably believes accommodation may be needed because of an obvious disability or one disclosed voluntarily by applicant.

-- US Equal Employment Opportunity Commission, October 10, 1995

EVERYONE'S JOB DESCRIPTION

For all applicants and employees of Ferry County Public Hospital District #1.

Please read before applying:

MISSION STATEMENT: To serve the community, provide professional health care and promote wellness through health education.

YOU MIGHT BE THE EMPLOYEE WE WANT IF YOU ARE THE KIND OF PERSON WHO CAN AND WILL...

SUPPORT OUR EQUAL EMPLOYMENT OPPORTUNITY POLICY

We believe each person is unique and should be judged only by individual ability and merit of achievement. We will not hire or retain anyone who practices or permits prejudice, harassment or discrimination against people because of their race or color, national origin, age, sex, sexual orientation, religion, disability, marital status, or veteran service status.

SUPPORT OUR DRUG-FREE POLICY AND NO-SMOKING POLICY

You must pass a drug test before we make a final employment offer. As an employee, you may be asked to pass a drug test if you are involved in an accident or where there is reason to suspect chemical impairment. Smoking or use of other tobacco products by employees is permitted in designated areas only.

COMMIT TO QUALITY WORK AND CUSTOMER SERVICE

By valuing patients/residents and cooperating productively with other employees.
By checking your work carefully, eagerly seeking ways to improve both in quality and quantity.

SHOW BELIEF IN TEAMWORK

By arriving on time, accepting tasks for the good of the team.
By cooperating with leaders, supporting and helping others in their work.
By **POSITIVE THINKING, GIVING POSITIVE SUGGESTIONS.**
By treating others the way you would like to be treated.
By solving problems by focusing on the mission, the patients/residents and other employees.

YOU MAY BE ASKED QUESTIONS ABOUT THE ABOVE DURING THE INTERVIEW PROCESS. If you feel comfortable that you fit the above minimum requirements, please initial this document below and return it to our Human Resource Officer to continue with the application process.

Your initials _____

Ferry County Public Hospital District #1

Please review these important features of
OUR HIRING PROCESS

Q. When do you accept applications?

A. Ferry County Public Hospital District #1 accepts applications any time. All openings, if any, are posted or available via www.fcphd.org.

Q. What must I do to get an application?

A. You may pick up an application at the hospital, or have one mailed to you. Please read all the information and requirements carefully. Sign, date and return to the Human Resource Dept. An interview will be required.

Q. How long is my application considered active?

A. Your application is **active only for 90 days**, or the end of the hiring process for the current opening you are applying for. To be considered for openings after that, an updated application will be required.

Q. What are the steps in the hiring process?

A. We conduct background checks, drug testing, job related testing, and team interviews to learn about you and your abilities before any hiring decisions are finalized. A search is also done for criminal records with state, local and federal authorities.

Q. Will you call me to let me know how I'm doing?

A. Due to the number of applicants we often have, we cannot notify each and every applicant not selected. Only those selected for further interview and/or testing will be called.

Q. How are job offers handled?

A. Job offers are conditional, subject to passing the drug screen, background check, job related testing and/or final written offer.

Q. What if I have questions?

A. Hiring is a two way process – We encourage you to ask questions and will do our best to answer them.

Our employees deserve the best co-workers possible. Therefore we reserve the right to hire the best qualified person for the job.

Employment with Ferry County Public Hospital District #1 is at will.

REFERENCES

Please list the names of 3 people not related to you, whom you have known at least one year.

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP

Thank you for your interest in working for us.

Print Full Name

Sign

Date

EMPLOYER REFERENCE REQUEST

TO: _____
 ADDRESS: _____

 PHONE: _____

I have applied for employment with Ferry County Public Hospital District #1. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you reply to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment with you.

Thank you for your assistance,

 Applicant Signature Date

Applicant name: _____ Social Security #: _____
 Maiden name (if used for prior employment): _____
 Position applied for: _____

To Be Completed By Previous Employer:

Position Held: _____ Dates From: _____ To: _____
 Reason for leaving: _____
 Would you rehire? _____ If no, why not? _____
 Ending Salary: _____

	Unsatisfactory	Needs Improvement	Meets Expectations	Above Average	Outstanding	Comments
Punctuality and Attendance	1	2	3	4	5	
Appearance (Grooming)	1	2	3	4	5	
Honesty	1	2	3	4	5	
Judgment	1	2	3	4	5	
Job Knowledge	1	2	3	4	5	
Performance of Duties	1	2	3	4	5	
Organization of Time	1	2	3	4	5	
Ability to Accept Directions	1	2	3	4	5	
Compatibility with Coworkers	1	2	3	4	5	
Clinical Patient Care Skills	1	2	3	4	5	

Additional Comments: _____

Information Supplied By: _____

Please return to : Attn: Human Resource Dept, Ferry County Public Hospital District, 36 N Klondike Rd, Republic, WA 99166 or fax to 509-775-2902