



**SNOQUALMIE VALLEY**  
HOSPITAL AND CLINICS

Public Hospital District No. 4, King County  
9575 Ethan Wade Way SE  
Snoqualmie, WA 98065  
Phone: (425) 831-2300

## APPLICATION FOR EMPLOYMENT

We Are an Equal Opportunity Employer

Instructions: 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** when filling out the application.

Position(s) applying for \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

Please identify where you learned about an employment opportunity with this organization.

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper ad      | <input type="checkbox"/> Tech School / College Placement |
| <input type="checkbox"/> Employee referral | <input type="checkbox"/> Temporary Service               |
| <input type="checkbox"/> Recruiter         | <input type="checkbox"/> State Employment Service        |
| <input type="checkbox"/> Website           | <input type="checkbox"/> Other _____                     |

Preferred Location:

- |  |  |
|--|--|
| <input type="checkbox"/> Snoqualmie Valley Hospital      | <input type="checkbox"/> Fall City Medical Clinic        |
| <input type="checkbox"/> Snoqualmie Ridge Medical Clinic | <input type="checkbox"/> North Bend Medical Clinic       |
| <input type="checkbox"/> Snoqualmie Specialty Clinic     | <input type="checkbox"/> Snoqualmie Ridge Women's Clinic |

### PERSONAL INFORMATION

Last Name		First Name		Middle Name	Social Security Number	
Address			City		State	Zip
Home Phone Number		Cell Phone / Other		Email Address		
Are you 18 years or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			Can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have any relatives employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate name(s) and position(s).						
Have you been previously employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give dates						
Have you been convicted of an offense within the past seven (7) years? (A "yes" answer to this question will not necessarily bar the applicant from employment) <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain fully: _____						

### WORK AVAILABILITY

I am available for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On Call (Per Diem) <input type="checkbox"/> Temporary		Indicate shift(s) you will work: <input type="checkbox"/> 1 <sup>st</sup> shift / days <input type="checkbox"/> 2 <sup>nd</sup> shift / evenings <input type="checkbox"/> 3 <sup>rd</sup> shift / nights		Will you rotate shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO				Will you work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Indicate days you are available for work: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday					

## 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 in the skill.

### Business

- \_\_\_\_\_ Type \_\_\_\_\_ wpm
- \_\_\_\_\_ Supervising
- \_\_\_\_\_ Bookkeeping
- \_\_\_\_\_ Word processing
- \_\_\_\_\_ Accounting
- \_\_\_\_\_ Internet Research
- \_\_\_\_\_ Transcription
- \_\_\_\_\_ Medical Terminology
- \_\_\_\_\_ Invoicing/Inventory
- \_\_\_\_\_ Reception/ Switchboard
- \_\_\_\_\_ Insurance Billing
- \_\_\_\_\_ Medicare/Medicaid
- \_\_\_\_\_ Computers
- \_\_\_\_\_ Data Entry
- \_\_\_\_\_ Administrative
- \_\_\_\_\_ Other: \_\_\_\_\_

### General

- \_\_\_\_\_ Floor Care (Manual)
- \_\_\_\_\_ Floor Care (Machine)
- \_\_\_\_\_ Linen packing
- \_\_\_\_\_ Autoclave
- \_\_\_\_\_ Sterilizer (steam/gas)
- \_\_\_\_\_ Dishwasher (Manual)
- \_\_\_\_\_ Dishwasher (Industrial)
- \_\_\_\_\_ Maintenance (General)
- \_\_\_\_\_ Maintenance (Craft)
  - \_\_\_\_\_ Electrical \_\_\_\_\_
  - \_\_\_\_\_ Plumbing \_\_\_\_\_
  - \_\_\_\_\_ Building \_\_\_\_\_
  - \_\_\_\_\_ Electronics \_\_\_\_\_
- \_\_\_\_\_ Small Power tools
- \_\_\_\_\_ Driving
- \_\_\_\_\_ Other: \_\_\_\_\_

### Patient Care

- \_\_\_\_\_ Sterile Technique
- \_\_\_\_\_ Vital Signs
- \_\_\_\_\_ Pre-Op Preps
- \_\_\_\_\_ Isolation Technique
- \_\_\_\_\_ Catheterization
- \_\_\_\_\_ Coronary Care
- \_\_\_\_\_ Charting
- \_\_\_\_\_ Monitor
  - \_\_\_\_\_ Type \_\_\_\_\_
- \_\_\_\_\_ Intensive Care
- \_\_\_\_\_ Orthopedic
- \_\_\_\_\_ Pediatric
- \_\_\_\_\_ Geriatric
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Surgical
- \_\_\_\_\_ Obstetrics
- \_\_\_\_\_ Oncology
- \_\_\_\_\_ Other: \_\_\_\_\_

## 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

## PROFESSIONAL CREDENTIALS / LICENSURE

Type of Credential/Licensure	State	Number	Date of Expiration

Are there any restrictions, or disciplinary actions against your licensure currently or pending that you are aware of? (This includes any informal actions) (a "yes" answer to this question will not necessarily bar the applicant from employment)

YES  NO If Yes please explain:

## EDUCATION

Type of School	Name and Location	Dates Attended	Degree	Major
High School				
College				
Graduate				
Other				

## WORK EXPERIENCE

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

<b>FROM</b> Mo. / Yr.	<b>TO</b> Mo. / Yr.	Name of employer & address	Job Title	Name of Supervisor:
			Final Salary \$	Phone #:
Job description / duties			Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Did you work for this employer under a different name? If so, give name:
<b>FROM</b> Mo. / Yr.	<b>TO</b> Mo. / Yr.	Name of employer & address	Job Title	Name of Supervisor:
			Final Salary \$	Phone #:
Job description / duties			Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Did you work for this employer under a different name? If so, give name:
<b>FROM</b> Mo. / Yr.	<b>TO</b> Mo. / Yr.	Name of employer & address	Job Title	Name of Supervisor:
			Final Salary \$	Phone #:
Job description / duties			Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Did you work for this employer under a different name? If so, give name:
<b>FROM</b> Mo. / Yr.	<b>TO</b> Mo. / Yr.	Name of employer & address	Job Title	Name of Supervisor:
			Final Salary \$	Phone #:
Job description / duties			Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Did you work for this employer under a different name? If so, give name:

**Please read carefully before signing**

**I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, false, misleading, or incomplete statements on this application shall be grounds for dismissal.

**I AUTHORIZE** the company to investigate information concerning my previous employment, references, education, and background. Further, **I UNDERSTAND** that during the term of my employment, it may be necessary for my employer to retain a third party to investigate claims of improper conduct or harassment that may be alleged to have occurred in the workplace. **I AUTHORIZE** my employer to retain a third party investigator to conduct these investigations if the employer deems it necessary. **I further RELEASE** all third parties from all liability for any damage that may result from furnishing or receiving such information.

**IN COMPLIANCE** with the Child and Adult Abuse Information Act, a prospective employee of Public Hospital District No. 4, King County will be required to sign a disclosure statement regarding record of criminal convictions and civil adjudications. Background inquiries on these matters will be made to law enforcement agencies and court systems. Employment is contingent on satisfactory findings. Legal name and birth date will be required at time of hire. If further verification is necessary, fingerprinting may be required.

**I 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** that I must consent to a drug screen within 48 hours of a job offer. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from the Public Hospital District #4, King County or termination of employment, depending on when results are received.

**I UNDERSTAND** that it is the policy of Public Hospital District No. 4 that all district properties are smoke free environments. All employees are required to comply with the non smoking policy while on district properties.

**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 the District or myself, and understand that no representative of the District, other than the Superintendent, has authority to enter into any agreement contrary to the foregoing.

**I UNDERSTAND** that all District property must be returned and any indebtedness to the District must be paid on or before my last day of work.

Signature of Applicant

Date

**Please submit completed application to:**

Snoqualmie Valley Hospital  
 Attn: Human Resources  
 9575 Ethan Wade Way SE  
 Snoqualmie, WA 98065  
 Fax: (425) 831-2361  
 Email: hr@snoqualmiehospital.org

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

Start Date:	Full-time__ Part Time__ Per-Diem__ Temporary__
Starting Pay Rate \$	Orientation Yes__ No__ Date: _____
Position Title:	Professional License verified? Yes__ No__
Department	Replacement Position__ New Position__
References Checked? Yes__ No__	