

Date ____/____/____
Applicant #: _____

# Lincoln Hospital District #3

*Human Resources, 10 Nicholls Street, Davenport, WA 99122  
T: 509-725-7101 F: 509-725-7147*

## APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

INSTRUCTIONS: Please furnish all information requested on this form. Incomplete applications will not be considered. *If you wish to supply additional education or work history information, attach a separate sheet.* Please type or print clearly all information.

**Once complete, please return application to the Human Resources Department.** Applications will be kept on file for 6 months.

Social Security Number	-      -
Last Name / First / MI	
Present Address (Street, City, State, Zip)	
Permanent Address (if other than above)	
Present Phone Number:	Alternate:
E-mail Address	
Emergency Contact (Name / Phone)	
Have you been previously employed at Lincoln Hospital District #3? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, give dates and facility:	Have you any relatives employed at Lincoln Hospital District #3?    Yes <input type="checkbox"/> No <input type="checkbox"/> Name(s): Relationship: Department:

### EDUCATION

Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, did you obtain GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/Location:	
Did you attend college or a trade school? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, complete the following)	
Name: Location:	Dates Attended: Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major course(s) of study:	
Name: Location:	Dates Attended: Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major course(s) of study:	
Name: Location:	Dates Attended: Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major course(s) of study:	

### POSITION INFORMATION

Position Desired (Indicate a specific position):	
How did you learn about the opening?	Ad <input type="checkbox"/> Friend <input type="checkbox"/> Web page _____ Other _____
Work Availability:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call <input type="checkbox"/> Temporary <input type="checkbox"/> If temporary, which months available:
Preferred Shifts:	1st shift-days <input type="checkbox"/> 2nd shift-evenings <input type="checkbox"/> 3rd shift-nights <input type="checkbox"/>
Are you willing to rotate shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to work Weekends?	Yes <input type="checkbox"/> No <input type="checkbox"/> Will you work Holidays?    Yes <input type="checkbox"/> No <input type="checkbox"/>

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

**PERSONAL DATA**

## PROFESSIONAL LICENSE / REGISTRATION

State	Type	Number	Expiration Date

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 licensed in a state other than Washington State, have you applied for reciprocity? Yes  No   
 Have you ever had your license suspended or revoked? Yes  No   
 Have you ever been reported to the Department of Licensing? Yes  No

## WORK EXPERIENCE

LIST THE MOST RECENT EMPLOYER FIRST (INCLUDE ANY MILITARY SERVICE). INCLUDE AT LEAST THE PAST FIVE (5) YEARS, AND ACCOUNT FOR ANY TIME GAPS IN YOUR EMPLOYMENT HISTORY.

NOTE: RESUME DOES NOT REPLACE THE WORK EXPERIENCE SECTION

1. Name of Employer, city, state:	Dates employed (mo./yr.) From:                      To:  Final salary: \$	Name of supervisor:  Phone #:  If current employer, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job description:		Reason for leaving:
2. Name of Employer, city, state:	Dates employed (mo./yr.) From:                      To:  Final salary: \$	Name of supervisor:  Phone #:  If current employer, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job description:		Reason for leaving:
3. Name of Employer, city, state:	Dates employed (mo./yr.) From:                      To:  Final salary: \$	Name of supervisor:  Phone #:  If current employer, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job description:		Reason for leaving:
4. Name of Employer, city, state:	Dates employed (mo./yr.) From:                      To:  Final salary: \$	Name of supervisor:  Phone #:  If current employer, may we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your last job description:		Reason for leaving:

Did you work for the above employers under a different name? Yes  No  If Yes, please circle which one(s): **1 2 3 4**  
 Give your previous name(s) with the corresponding number: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULL Y BEFORE SIGNING**

*Lincoln Hospital does not discriminate on the basis of age, sex, marital status, race, creed, color, national origin, or the presence of any sensory, mental or physical handicap.*

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. 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 that my employment is contingent upon the results of a criminal background check done by the Washington State Patrol. Information obtained from these checks may result in disqualification from employment.

I further understand the Lincoln Hospital District #3 maintains a drug-free work environment. If I am selected for a position, I understand that I will be required to take a pre-employment urine drug and alcohol test. Employment is contingent upon the satisfactory completion of the screens.

If I am employed, I agree to conform to the rules and regulations of the facility, and my employment can be terminated, with or without notice, at any time, at the option of the organization. I acknowledge that if I am employed, there will be a 90 day provisional period at the conclusion of which I will receive an evaluation of my performance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name