



## Application for Employment

Position(s) applying for:	Date of application:
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**Instructions:** Please type or clearly print all information requested on this application. Please do not leave any blanks—we cannot accept incomplete applications. Please do not write “see resume.” You can TAB to fields.

### Personal Data

Name:	Middle:	Last
Email:	Phone #1: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home
	Phone #2: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home
Mailing address:	Physical address:	
What is the earliest date you could begin work?		
Have you ever worked for Skyline Hospital / Skyline Health before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What position? <span style="float: right;">Month/year?</span>		
Name of Supervisor:		
How did you learn of this opportunity? <input type="checkbox"/> Employee Referral - List Name:		
<input type="checkbox"/> Indeed.com <input type="checkbox"/> Skyline Health web-site <input type="checkbox"/> LinkedIn		
<input type="checkbox"/> Other (name):		
Do you have any relatives employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please indicate name(s) and position(s):		
If applicable, check the valid Basic Life Support, Advanced Cardiovascular Life Support, and Pediatric Advanced Life Support licenses you hold: <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> Not required for my position		
Do you hold a professional license related to this position? <input type="checkbox"/> Yes (see page 2) <input type="checkbox"/> No <input type="checkbox"/> Not required		
Status - Check type of work desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> Other		
Number of hours you are available to work each week?		
Desired shift (mark all that apply) : <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Other <input type="checkbox"/> Varies <input type="checkbox"/> Rotating shifts		
Indicate the days you’re available to work: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.		
<u>Are you available to work:</u> Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO Scheduled Standby / On-Call? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<u>Attendance:</u> Do you now have or do you anticipating having any activities, commitments, or responsibilities that may prevent you from meeting your scheduled work attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
If hired, can you provide proof that you are authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you been disbarred, excluded or otherwise deemed ineligible for participation in federal healthcare programs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a separate sheet with explanation.		
If under 18 years of age, can you provide the authorization to work? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO		

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**Education**

Do you meet the minimum educational requirements for this position:  Yes  No (Reference job posting for details)

List all education beginning with high school or GED. If high school diploma or GED was not achieved, please list highest level completed: \_\_\_\_\_

High School / College / University / Trade School Name (and City, State)	Degree / Certificate & Major	Did you graduate ?	Type of Degree or # of units

**Military Experience** (if applicable): Please include Branch, rank during service and at time of discharge, duties performed, training received and work experience. (You can attach a separate sheet if necessary.)

**List special training and/or continuing education you have completed applicable to this position (and year).**

**Professional Registration/Licensure**

Type of registration or license	State	Number	Date of expiration

Do you have all the required Licenses / Certifications required for this position to practice in Washington State?  
 Yes  No  Not required  Pending (explain):

Please list valid Certifications you currently hold:

Name on your current license to practice: \_\_\_\_\_ State: \_\_\_\_\_  
Have you ever gone by another name? (Required for background checks / license verification): If yes, please list all names and corresponding license/s:  Yes  No

If you do not have a required registration or license, have you applied for one?  Yes  No  N/A

If an examination is required, what date are you scheduled to take the examination?  N/A

If not licensed in Washington State, have you applied for reciprocity?  Yes  No  N/A

Details:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List below your experience, *beginning with your present or most recent position*. You **MUST** include all work experience for the past **10 years**. Describe each position separately. Give special attention to experience relating to the position for which you are applying. You may attach additional sheets if necessary. DO NOT answer any section with "See Resume".

<b>WORK HISTORY (Most recent job):</b>			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			
<b>WORK HISTORY #2</b>			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			
<b>WORK HISTORY #3</b>			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			

Name:

Position:

WORK HISTORY #4			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			
WORK HISTORY #5			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			
WORK HISTORY #6			
Current or Most Recent Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	Number of Employees you Supervised: _____
Date Employed (Month/Year)	Reason for Leaving		May We Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER
Date Separated (Month/Year)	<u>List major duties in order of their importance in the job:</u>		
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> On-call			
If part time or On-call, list the number of hours worked: Per week: _____ Per Month: _____			

Other than protected leaves of absence or illness/injury, please explain gaps in employment. If no gaps, write "N/A".

**Consent and Authorization**

Skyline Health is an equal opportunity employer and does not discriminate in hiring based on federally-protected classifications (i.e., race, color national origin, ancestry, religion, sex, disability, veteran status, age, genetic information, or any other protected class covered under feral, state or local laws).

I understand that Skyline Health adheres to federal and state guidelines and mandates for employees working in a healthcare environment.

I certify the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand, if employed, falsified statements or material omissions on this application or failure to furnish all requested information shall be considered sufficient cause for my dismissal.

I understand that this application is not intended to and does not create a contract or offer of employment.

I understand and agree, if hired, my employment would be on an at-will basis and my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand no representative of the company, other than the CEO or his designee, has authority to enter into any agreement contrary to the forgoing.

I understand 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 in addition to the pre-employment screening process established by this employer.

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 all company property must be returned on or prior to the last day of work.

<b>Signature of applicant:</b>	<b>Date:</b>
<b>Print name:</b>	

***Note:** If your application is signed electronically, enter it in the Print Name area. We will ask you to sign the original if hired. Completed and signed applications are required. Resumes are requested but do not replace a completed application. A new application must be submitted for each different position. Applicants who meet the minimum qualifications will be considered for employment.*

**Please transmit your application via email to: [hr@myskylinehealth.org](mailto:hr@myskylinehealth.org)**

or Fax to HR Confidential **Fax: 509-493-5114**

or Mail / hand-deliver to **Skyline Hospital HR Dept.** 211 Skyline Drive | PO Box 99 | White Salmon, WA 98672

If you have questions, please call the main telephone number: **509-493-1101** (ask for Human Resources)

*If you think your application has not been received, please call the main number and ask for human resources.*

*Please allow at least seven (7) days before calling.*