



www.valleygeneral.com

An Equal Opportunity Employer

TRUE COMMUNITY MEDICINE

EMPLOYMENT APPLICATION

Human Resources
14701 179th Ave. SE
P.O. Box 646
Monroe, WA 98272
(360) 805-3478
(360) 805-3459 Fax
E-mail: hr@valleygeneral.org

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 all information.

POSITION(S) APPLIED FOR DATE OF APPLICATION

PERSONAL INFORMATION

Name Last First Middle

Permanent Address Street City State Zip Phone Number

Mailing Address (If other than above) Street City State Zip Phone Number

E-mail Address:

Emergency Contact Name Relationship Phone Number

Can you provide required proof of your eligibility for lawful employment in the United States? Yes No

How did you learn about this position opening? Ad Friend Other

Have you any relatives employed here? Yes No If yes, please indicate name(s) and in what position.

Have you been previously employed here? Yes No If yes, give dates

Have you been convicted of a felony or misdemeanor?

Yes No (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?

Yes No (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully

OPTIONAL

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

Table with 6 columns: LANGUAGE, READ/WRITE/SPEAK, READ/WRITE, READ/SPEAK, READ ONLY, SPEAK ONLY

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
_____	Shorthand _____ W.P.M.	_____	Floor Care (Machines)	_____	Vital Signs
_____	Transcription	_____	Linen Packing	_____	Pre-Op Preps
_____	Medical Terminology	_____	Autoclave	_____	Isolation Technique
_____	Payroll	_____	Sterilizer (Steam / Gas)	_____	Catheterization
_____	Accounting	_____	Dishwasher (Manual)	_____	Coronary Care
_____	Ten-Key Adding	_____	Dishwasher (Industrial)	_____	Charting
_____	Calculator	_____	Housekeeping	_____	Monitor
_____	Invoicing / Inventory	_____	Maintenance (General)	_____	Type _____
_____	Reception	_____	Maintenance (Craft)	_____	Intensive Care
_____	Phone Switchboard	_____	Electrical _____	_____	Orthopedic
_____	Insurance Billing	_____	Plumbing _____	_____	Pediatric
_____	Medicare / Medicaid	_____	Building _____	_____	Geriatric
_____	Word Processing	_____	Electronics _____	_____	Psychiatric
_____	Software _____	_____	Small Power Tools	_____	Medical
_____	Computers	_____	Driving	_____	Surgical
_____	Data Entry	Other: _____		_____	Obstetrics
Other: _____				_____	Oncology

WORK AVAILABILITY

Regular Short-Term Full-Time Part-Time On-Call Work Overtime? Yes No

Indicate shift(s) you will work:

1st shift – days 2nd shift – evenings 3rd shift – 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

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 _____

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 EXPERIENCE

Include your work experience and account for any time gaps. You must complete this section thoroughly even if you provide a resume. Do not note "See Resume". (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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving

Did you work for any of the above employers under a different name? if so, please circle which one(s) 1 2 3 4
Give previous name _____

ADDITIONAL REFERENCES

Please list additional **supervisory / professional** contacts:

Name	Title	Company / Organization	Telephone	e-mail address
Name	Title	Company / Organization	Telephone	e-mail address
Name	Title	Company / Organization	Telephone	e-mail address

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 & Year Graduated

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 have you scheduled to take the examination? _____

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

Has your license ever been revoked/suspended or have you ever had action taken against your license? Yes No

If yes, please explain: _____

I certify that the information set forth in the Application for Employment, as well as additional information provided by me, is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application, or additional information provided by me, 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 satisfactory results of a Washington State Patrol background check (Child/Adult Abuse Information Act); validation of health care license, certification or registration; reference checks; Office of Inspector General (OIG) fraud and abuse check; criminal history check and drug screen.

I consent to and authorize Valley General Hospital, 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 the hospital or myself, and understand that no representative of the hospital has authority to enter into any agreement contrary to the foregoing.

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

Signature of Applicant

Date

Valley General Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status or any other classification protected by Federal, state or local law.

APPLICANT DISCLOSURE STATEMENT

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

Note: Valley General 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;*
- (3) Searching the **Office of Inspector General** database for participants excluded from participating in Federal health care programs; and,*
- (4) For licensed personnel, checking the **Department of Health** credentials database for disciplinary actions.*

You will be notified of the State Patrol’s response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

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 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 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(ies) imposed.

I declare, under the penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct. 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 hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Disclosure Statement on the date shown below at _____, Washington.

Date: _____

Signature: _____

Print name: _____



Commitment to Health and Healing Philosophy

The job of every employee at Valley General Hospital is to serve our customers and our community by providing quality care and courtesy. Our customers are our patients, their families, the medical staff, volunteers, and co-workers.

As an employee of VGH, I will behave professionally, in a behavior-based expression of the VGH Health and Healing philosophy. To demonstrate my commitment:

- I will behave as an owner, not a renter, taking personal responsibility for making a VGH a better place to work and to receive care.
- I will be honest and trustworthy in the fulfillment of responsibilities.
- I will communicate in a positive manner, be open, honest, and speak respectfully.
- I will show respect and treat others in a courteous, professional and sensitive manner, treating others as I want to be treated.
- I will remember that my attitude affects the attitude of those around me and will strive to be positive.
- I will vigilantly maintain the confidentiality of all patient information.
- I will introduce myself to customers.
- I will acknowledge the patient's family by communicating with them periodically, explaining any delays, and assuring their comfort.
- I will make eye contact, smile and say hello to patients, visitors, and co-workers in the hall.
- I will never be too busy to help someone or to assist visitors.
- If someone needs assistance finding their way in the hospital, I will take them where they need to be.
- I will be available, accountable, and cooperative in the performance of my duties.
- I will perform assigned tasks and responsibilities efficiently and in accordance with established quality and safety standards, with a positive attitude, even if it were an assignment I would not have chosen.

- I will be an active participant in solving problems, respecting and using the “chain of command.”
- I will immediately report any concerns about safety and quality of care to my immediate supervisor.
- I will maintain a work environment that is orderly and free from distraction.
- I will maintain a good attendance record and give proper advance notice when unable to work or report for work on time.
- I will refrain from behavior or conduct that is offensive to any customers, including patients, physicians, fellow workers, and the public, or behavior that is contrary to the best interests of Valley General Hospital.
- I will refrain from gossip and speaking badly of co-workers or the hospital.
- I will always thank our customers for choosing Valley General Hospital and try to meet their needs and expectations.

Printed Name

Employee Signature

Date

Witness

Date