



"Compassionate, Quality Care"

Welcome to Quincy Valley Medical Center (QVMC). Our employees are selected as Hospital Team Members because they have the ability, sensitivity and compassion to maintain high standards of patient care. QVMC is committed to our community and to the people we serve.

We at QVMC are compassionate about providing the highest level of quality healthcare possible through compassion, excellence, partnership and communication.

The mission of QVMC: *"Staff, Healthcare Providers, Volunteers and Foundation members working together to create a culture of compassionate and quality healthcare where the patient always comes first."*

We appreciate your interest in working for Quincy Valley Medical Center. Your help in providing us with a clear understanding of your background, education, work experience and skills will better enable us to determine whether you are a qualified candidate for the position for which you are applying. Please complete this form fully and accurately. If you are unable to recall specifically any item of information requested, please so indicate. All information you provide is subject to verification.

Thank you for applying to be a member of our team. Our selection process includes a review of training and experience, confirmation of licensure and certification, drug screening, and a background check.

Human Resources Department
Quincy Valley Medical Center
908 10th Avenue Southwest
Quincy, WA 98848

Phone: (509) 787-5369
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www.quincyhospital.org

QUINCY VALLEY MEDICAL CENTER - APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Provider and Employer

PLEASE NOTE: Direct deposit of payroll checks is a requirement for QVMC employees.

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) _____ DATE OF
APPLIED FOR _____ APPLICATION ____/____/____

PERSONAL INFORMATION

Name _____ XXX-XX-_____
Last First Middle Social Security Number

Present Address _____ (____)_____
Street City State Zip Home Phone Number

Permanent Address _____ (____)_____
(If other than above) Street City State Zip Cell Phone Number

E-mail address _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ____Yes ____No

Are you a military veteran? ____Yes ____No

How did you learn about this position opening? ____Ad ____Internet ____Facebook ____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, please provide dates _____

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

____Yes ____No If yes, explain fully _____

OPTIONAL

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

Language	Read/Write/Speak	Read/Write	Read/Speak	Read only	Speak only
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

WORK SKILLS

Please list the 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

☐ Typing _____ WPM
☐ Shorthand _____ WPM
☐ Transcription
☐ Medical Terminology
☐ Bookkeeping
☐ Accounting
☐ Ten-Key Adding
☐ Calculator
☐ Key Punch
☐ Invoicing/ Inventory
☐ Reception
☐ Phone Switchboard
☐ Insurance Billing
☐ Medicare/ Medicaid
☐ Word Processing
☐ Software _____
☐ Computers
☐ Data Entry
 Other: _____

GENERAL

☐ Floor Care (Manual)
☐ Floor Care (Machines)
☐ Linen Packing
☐ Autoclave
☐ Sterilizer (Steam/Gas)
☐ Dishwasher (Manual)
☐ Dishwasher (Industrial)
☐ Sewing
☐ 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: _____

Comments: _____

WORK AVAILABILITY

☐ Full-time ☐ Part-time ☐ Temporary ☐ On-call If temporary or on call, indicate when available: _____

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

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

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	Did you graduate?

WORK EXPERIENCE

List more recent employer first. Include at least past five (5) years, 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 _____	Name of supervisor _____ Phone # _____
Your last job title and description		Reason for leaving:
2. Name of employer, address	Dates employed (mo/yr) From _____ To _____	Name of supervisor _____ Phone # _____
Your last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo/yr) From _____ To _____	Name of supervisor _____ Phone # _____
Your last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo/yr) From _____ To _____	Name of supervisor _____ Phone # _____
Your last job title and description		Reason for leaving

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

ATTENDANCE

Do you now have or do you anticipate having 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

Have you ever had a professional registration/ license revoked, suspended or restricted? ____Yes ____No

If yes, explain fully

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of the organization. I understand that this application is not a contract of employment.

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 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 the 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. This release shall remain in effect for the length of my employment and pertain to future release of the above information for employment related purposes.

Signature of Applicant	Date
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APPLICANT DO NOT WRITE IN BOX BELOW

Starting Date:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temp. <input type="checkbox"/>
Starting Pay Rate \$	Orientation? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Position Title:	Professional license verified? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Number:	Pre-employment UA? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
Department:	Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>
References Checked: Yes <input type="checkbox"/> No <input type="checkbox"/>	References Received: Yes <input type="checkbox"/> No <input type="checkbox"/>

DRUG SCREENING CONSENT

Quincy Valley Medical Center recognizes that employees impaired in their ability to perform their job safely and productively due to inappropriate use of controlled substances, jeopardize the integrity and the objective of the organization and its employees.

Therefore, all job applicants who have been interviewed and selected for employment will be required to go through a pre-placement drug screen test. This drug screen needs to be processed within 24 hours of the job offer. An applicant who tests positive (without adequate explanation of the results) will have our offer of employment implied, and/or made directly rescinded.

I hereby understand that accepting employment with QVMC will require a pre-placement drug screen test.

Applicant:

Date: