

Santiam Hospital EMPLOYMENT APPLICATION	Last Name	First Name	Initial	Date of Application	Date Available	Expected Pay Rate
	Street Address	City	State	Zip	Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Residence Telephone			Alternate Telephone		Position Applied For:

Equal Employment Opportunity. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

When are you available to work? (We will attempt to reasonably accommodate employees who require the certain hours or days off because of religious beliefs or practices.) – Check shifts and days you can work: <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Night <input type="checkbox"/> Rotating <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	Are you authorized to accept employment in the United States? (Successful applicants will be required to prove identity and eligibility for employment?) <input type="checkbox"/> Yes <input type="checkbox"/> No
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RELATIVES/FRIENDS: Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid possible conflicts of interest. Do you have any relatives/friends (such as roommates) who currently work for us? Yes No If yes, state name(s): _____

QUALIFICATIONS: Please list any education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

DEGREES, LICENSES, RELEVANT EDUCATION OR TRAINING WHERE DID YOU ACQUIRE IT (name and address of school, program, military branch and specialty, etc.)

CRIMINAL RECORD: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.) Have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any crime other than traffic violations? Yes No If yes, give details: _____

DRIVING POSITIONS: If the position applied for involves driving, have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any traffic violations in the past three years? Yes No If yes, give details: _____

IN CASE OF EMERGENCY NOTIFY: Name	Address	Telephone Number
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EMPLOYMENT EXPERIENCE: Please account for all periods of employment, by month/year, including any self-employment and U.S. military service. Attach sheet if more space is needed.

Present or Last Employer	Phone	Hire Date	Date Left
Address	Supervisor	Job Title/Job Duties	Reason for Leaving
Previous Employer	Phone	Hire Date	Date Left
Address	Supervisor	Job Title/Job Duties	Reason for Leaving
Previous Employer	Phone	Hire Date	Date Left
Address	Supervisor	Job Title/Job Duties	Reason for Leaving
Previous Employer	Phone	Hire Date	Date Left
Address	Supervisor	Job Title/Job Duties	Reason for Leaving

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which the Hospital deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation.

2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to submit to post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Hospital's expense. I authorize release of the results to the Hospital and their use to evaluate my suitability for employment. I also release the Hospital from all liability arising out of or connected with any examinations, inquiries and/or testing.

4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand that the Hospital's CEO is the only person who will ever have authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, the Hospital may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. This application for employment will only be considered active for forty-five (45) days.

6. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents.

Yes No

Signature _____ Date _____

Unsigned applications will not be processed.