



Employment Application

Fax to (509) 382-3205

1012 S 3rd St, Dayton, WA 99328 (509) 382-2531

Date _____

NAME (Last)	(First)	(Mid. Init.)	NICKNAME	SOCIAL SECURITY NUMBER
HOME ADDRESS (Street)		(City)	(State)	(Zip)
CHECK IF: Under 18 Years of Age <input type="checkbox"/>			HOME PHONE	DATE AVAILABLE
TYPE OF WORK APPLIED FOR			EXPECTED WAGE/SALARY	

Educational Record

	NAME AND LOCATION OF SCHOOL	CIRCLE LAST GRADE COMPLETED	MAJOR	DEGREE OR CERTIFICATE
HIGH SCHOOL		1 2 3 4		
JUNIOR COLLEGE		1 2		
GRADUATE SCHOOL		1 2 3 4		
COLLEGE/UNIVERSITY		1 2 3 4		
BUSINESS/TRADE OTHER				

Military Record

Were you in the military service: YES NO If YES, what branch? _____

Special training received: _____

Skills

Do you have any skills appropriate for the position in which you are applying, such as typing, shorthand, reading blueprints or schematics, operating machines, etc? If so, please explain:

References

List two references not related to you:

(Name)	(Address)	(Telephone)
1) _____	_____	_____
2) _____	_____	_____

Friends and relatives employed by Columbia County Health Service (name and relationship): _____

Referred by _____

Personal Data

Have you ever been convicted of any criminal offense involving dishonesty or breach of trust? (Conviction of such a crime will not necessarily bar you from employment with the company.) If yes, indicate nature of offense, date, court, and disposition:

Employment Record

**Columbia County
Health System**

MUST BE COMPLETED. List all positions whether part-time, self-employed, personal business interest, etc. (Attach resume or additional information if necessary.)

Other name(s) under which employment may be verified _____

Have you ever worked for CCHS? Yes No If YES, when & under what name? _____

1) Name and Address of Present _____
or Most Recent Employer _____

From _____ Start Rate _____ Per _____ No. Hours Per Week _____

Employed to _____ Final Rate _____ Per _____ Supervisor's Name _____

Reason for Leaving _____ Business Phone _____

Job Title and Nature of Work _____

2) Name and Address of Next _____
Previous Employer _____

From _____ Start Rate _____ Per _____ No. Hours Per Week _____

Employed to _____ Final Rate _____ Per _____ Supervisor's Name _____

Reason for Leaving _____ Business Phone _____

Job Title and Nature of Work _____

3) Name and Address of Next _____
Previous Employer _____

From _____ Start Rate _____ Per _____ No. Hours Per Week _____

Employed to _____ Final Rate _____ Per _____ Supervisor's Name _____

Reason for Leaving _____ Business Phone _____

Job Title and Nature of Work _____

I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I hereby authorize Columbia County Health System to make any investigation of my background deemed necessary. I have no objection to making application for security, signing an employee agreement on confidential information and inventions, or taking a medical examination.

I certify that the information given by me to Columbia County Health System is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Columbia County Health System interests or those of its clients, nor will I become engaged in such activity or business if employed.

I authorize Columbia County Health System to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for any reason arising out the the furnishing of such information. If employed, I release Columbia County Health System from any liability for future references it may provide regarding my work history at the firm.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Columbia County Health System or myself. I understand that no representative of CCHS other than the Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Columbia County Health System advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property, CCHS is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Date _____ Signature _____

PLEASE DO NOT WRITE BELOW THIS LINE

Reference Checks:
1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____

Hire - Rehire _____
Reporting to _____
Date Starting Work _____
Classification _____
Salary Wages _____

Affirmative Action

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION. This sheet must be placed in Affirmative Action Files.



JOB GROUP: _____

Optional Information for Government Monitoring and Reporting Purposes Only

Regulations of the Washington State Human Rights Commission impose restrictions on the handling of optional ethnic data for governmental monitoring purposes. WAC 162-12-160, (2) provides in part: Data on race, creed, color, national origin, sex or marital status shall not be recorded on any paper which is kept in the applicant's personnel file, nor shall such data be kept in any other place where it is available to those who process the application. Records which identify te race, etc., of a particular person shall be kept confidential, except to the extent necessary to permit the compilation of statistics, and to permit the verification of the statistics by top management of the employer, or by the Washington State Human Rights Commission or other concerned governmental agencies. WAC 162-12-1270 provides, in part, that a form asking for ethnic data must clearly inform the applicant of the reasons for asking for this information. This employer is considered a Government Contractor, subject to E.O. 11246, as amended, Section 503 of the Rehabilitation Act of 1973, and 38 USC21012, the Vietnam Era Veterans Readjustment Assistance Act of 1974. To meet the government reporting regulations, applicants are requested to complete this data sheet. This information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential and will be kept in a separate file. Your voluntary cooperation will be appreciated. You are under no obligation to complete this form. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Dear Prospective Employee:

This institution is an Equal Opportunity Employer. We ask your cooperation with our Affirmative Action Program. We are required by federal law to maintain statistics on the ethnic background, veteran status, age, sex, and disabilities of applicants for employment. We would appreciate your cooperation by voluntarily providing this information. Please be specific.

As stated in the above excerpt, you are under no obligation to complete this Affirmative Action section. However, should you choose not to provide the information, the interviewer is required by law to provide this data by visual observation of the applicant.

Position Applied For: _____ Referral Source: _____

Name: _____ Male Female

Address: _____ Telephone: _____

Date: _____

Ethnic Background: (Please Check One)

_____ **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition.

_____ **Asian or Pacific Islander:** All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including people with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim, and Sri Lanka.

_____ **Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.

_____ **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture, regardless of race.

_____ **White (not of Hispanic origin):** All persons having origins in any of the people of Europe, North Africa, or the Middle East.

If you are a disabled individual, a disabled veteran, or a Vietnam era veteran and would like to be considered under our affirmative action program, please provide the following information:

_____ **Qualified Disabled Individual:** 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **Qualified Disabled Veteran:** 1) a person entitled to disability compensation under laws administered by the Veteran Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **Vietnam Veteran:** A person who 1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 1975, and was released with other than a dishonorable discharge, or 2) was released from such active duty for a service-connected disability.

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