



Morton General Hospital

Employment Application

521 Adams Street Morton, WA 98356 Phone (360) 496-3531 Fax (360) 496-2316 Email skelly@mortongeneral.org

Revised 01/09

Notice: It is the policy of Morton General Hospital to conduct background checks on all prospective employees and current employees on an annual basis. By signing this application form, you are giving us permission to conduct a pre-employment investigation concerning any possible convictions of felonies or misdemeanors, consumer reports, and/or related information we might consider relevant to your eligibility or suitability for the job.

Equal Access: Our employment positions are available to all persons who meet the minimum requirements and whom we consider to be the best match for the job. We are EEO/ADA compliant. Reasonable accommodations for filling out this application or for an interview process are available. Please notify our Human Resources Department.

Position Applied For: _____ **Today's Date:** _____

Name: _____
Last First Middle

Mailing Address: _____
Street or PO Box City State Zip

Professional License # _____ **E-Mail** _____

Phone: (____) _____ (____) _____ (____) _____
Home Daytime Message

Have you been previously employed here? ___ Yes ___ No **When?** _____

Have you any relatives employed here? ___ Yes ___ No **If yes, please indicate name(s) and their relationship to you.**

If you are under 18, can you furnish a work permit? ___ Yes ___ No

Are you legally eligible to work in the United States? ___ Yes ___ No

Have you ever been convicted of, or plead guilty to, a misdemeanor or a felony? ___ Yes ___ No
(A "yes" answer to this question will not necessarily bar the applicant from employment.) **If yes, explain fully:**

Have you ever been debarred, excluded or otherwise ineligible for participation in federal health care programs? ___ Yes ___ No

If yes, explain fully _____

EDUCATION

High School: _____ **Graduate?** ___ Yes ___ No **or GED?** ___ Yes ___ No

College: _____ **Graduate?** ___ Yes ___ No **Year:** _____ **Degree:** _____

College: _____ **Graduate?** ___ Yes ___ No **Year:** _____ **Degree:** _____

Other: _____

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EMPLOYMENT HISTORY

List most 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 or resume if desired.) Please complete this section even if you are attaching a resume – **“See Resume” is not sufficient.**

1. Name of Employer: _____

Address: _____

Street City State Zip

Phone: (____) _____ Dates Employed (mo/yr) From: _____ To: _____

My supervisor: _____ May we contact for reference? ___ Yes ___ No ___ Later

Job title/duties: _____

Starting Salary: _____ per hour _____ per month Finishing Salary: _____ per hour _____ per month

Your reason for leaving: _____

~~~~~  
2. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Dates Employed (mo/yr) From: \_\_\_\_\_ To: \_\_\_\_\_

My supervisor: \_\_\_\_\_ May we contact for reference? \_\_\_ Yes \_\_\_ No \_\_\_ Later

Job title/duties: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ per hour \_\_\_\_\_ per month Finishing Salary: \_\_\_\_\_ per hour \_\_\_\_\_ per month

Your reason for leaving: \_\_\_\_\_

~~~~~  
3. Name of Employer: _____

Address: _____

Street City State Zip

Phone: (____) _____ Dates Employed (mo/yr) From: _____ To: _____

My supervisor: _____ May we contact for reference? ___ Yes ___ No ___ Later

Job title/duties: _____

Starting Salary: _____ per hour _____ per month Finishing Salary: _____ per hour _____ per month

Your reason for leaving: _____

~~~~~  
Did you work for any of the above employers under a different name? If so, please circle the number to each one and give your previous name(s) \_\_\_\_\_

**SKILLS OR SPECIAL TRAINING**

List training and/or experience which may qualify you for the position(s) desired:

Mark “**T**” if you have **training** in the skill, “**E**” if you have **experience** in the skill, and “**B**” if you have **both**.

| BUSINESS                                   | GENERAL                     | PATIENT CARE            |
|--------------------------------------------|-----------------------------|-------------------------|
| _____ Typing _____ WPM                     | _____ Floor Care (Manual)   | _____ Emergency Room    |
| _____ Computers (List programs used below) | _____ Floor Care (Machines) | _____ Geriatric         |
| _____ Data Entry                           | _____ Maintenance (General) | _____ Med/Surg          |
| _____ Ten-Key Adding Machine               | _____ Maintenance (Craft)   | _____ Obstetrics        |
| _____ Bookkeeping/Accounting               | _____ Electrical _____      | _____ Oncology          |
| _____ Transcription                        | _____ Plumbing _____        | _____ Orthopedic        |
| _____ PBX/Reception                        | _____ Building _____        | _____ Outpatient        |
| _____ Insurance Billing                    | _____ Electronics _____     | _____ Pediatric         |
| _____ Medicare/Medicaid                    | _____ Small Power Tools     | _____ Sterile Technique |
| _____ Medical Terminology                  |                             |                         |
| Other: _____                               | Other: _____                | Other: _____            |

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

| Language | Read/Write/Speak | Read/Write | Read/Speak | Read Only | Speak Only |
|----------|------------------|------------|------------|-----------|------------|
| _____    | _____            | _____      | _____      | _____     | _____      |
| _____    | _____            | _____      | _____      | _____     | _____      |

**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 description?

Yes       No

**WORK AVAILABILITY**

Full-time     Part-time     Casual Part-time

If Casual Part-time, indicate availability \_\_\_\_\_

Indicate shift(s) you will work:

1<sup>st</sup> shift – days                       2<sup>nd</sup> shift-evening                       3<sup>rd</sup> shifts – nights

Will you rotate shifts?     Yes                       No                      Will you work weekends?     Yes                       No

Indicate days you are available to work.

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

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 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 the checking of references furnished by me, and contingent upon a background check performed by a third party for any criminal offenses.

I consent to and authorize this employer and its personnel to request any information concerning my previous employment record and educational institutions 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 company or myself, and understand that no representative of the company other than the Administrator, has authority to enter into any agreement contrary to the foregoing.

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

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



*Morton General Hospital*

## DISCLOSURE STATEMENT

Pursuant to the requirements of RCW 43.43.830.840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against children or other persons:

| YES                      | NO                       |                                                      | YES                      | NO                       |                                                       |
|--------------------------|--------------------------|------------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated Murder                                    | <input type="checkbox"/> | <input type="checkbox"/> | First degree                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree murder                        |                          |                          | promoting prostitution                                |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree kidnapping                    | <input type="checkbox"/> | <input type="checkbox"/> | Communication with a minor                            |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree assault                | <input type="checkbox"/> | <input type="checkbox"/> | First degree arson                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape                   | <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree rape of a child        | <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree robbery                       | <input type="checkbox"/> | <input type="checkbox"/> | Incest                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree manslaughter                  | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle homicide                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree extortion                     | <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree criminal mistreatment         | <input type="checkbox"/> | <input type="checkbox"/> | Simple assault                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Child abuse or neglect as defined in RCW 26.44.020   | <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Selling or distributing erotic material to minor     | <input type="checkbox"/> | <input type="checkbox"/> | First or second degree custodial interference         |
| <input type="checkbox"/> | <input type="checkbox"/> | Custodial assault                                    | <input type="checkbox"/> | <input type="checkbox"/> | Malicious harassment                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Child buying or selling                              | <input type="checkbox"/> | <input type="checkbox"/> | First, second or third degree child molestation       |
| <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may have been renamed | <input type="checkbox"/> | <input type="checkbox"/> | First or second degree sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Promoting pornography                                | <input type="checkbox"/> | <input type="checkbox"/> | Patronizing a juvenile prostitute                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitution                                         | <input type="checkbox"/> | <input type="checkbox"/> | Child abandonment                                     |
|                          |                          |                                                      |                          |                          | Violation of child abuse restraining order            |

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

(continue to next page)

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has a functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital:

YES NO

- First, second or third degree extortion  
  First or second degree robbery  
  First, second or third degree theft  
  Forgery  
  Or any of these crimes as they may have been renamed

If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?

YES  NO

2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor?

YES  NO

3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person?

YES  NO

4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

YES  NO

5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital?

YES  NO

(continue to next page)

**DISCLOSURE STATEMENT – continued**

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If your answer is “yes” to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

UNDER THE PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired/appointed, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired/appointed, my employment/appointment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired/appointed before that report is available, YOUR EMPLOYMENT/APPOINTMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the Washington State Patrol’s results within seventy-two hours of receipt and a copy of the response will be available to you upon your request.



**Reference Letter**

**Instructions to Applicant:**

1. Complete a separate sheet for each of your last three (3) employers.
2. Write complete name and address of each employer in the space provided below. Include zip code and phone number.
3. Read statement and sign your name.

Previous Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Applicant – Complete for Employer Addressed above:**

I have applied for employment at Morton General Hospital and request that you furnish the information below which will be used to determine my qualifications for employment.

Date: \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

SS#: \_\_\_\_\_ Print Applicant Name: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

APPLICANT DO NOT WRITE BELOW THIS LINE

**Employment Reference Verification**

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities and Duties Performed:

\_\_\_\_\_

\_\_\_\_\_

Quality of Work: \_\_\_\_\_

What are applicants top three strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are applicants top three weaknesses? \_\_\_\_\_

\_\_\_\_\_

How did they affect other people? \_\_\_\_\_

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How was their attendance and punctuality? \_\_\_\_\_

How did they compare to others in similar positions? (1 worst to 5 best) \_\_\_\_\_

What are their technical skills and knowledge of work? \_\_\_\_\_

Did they follow safety procedures? Yes No

Work well with other employees? Yes No      Work well with customers? Yes No

Work well with supervisors? Yes No      Work well independently? Yes No

Work well as a member of a team? Yes No

Take direction and constructive criticism well? Yes No

Any problem with supervisor or any subordinates? Yes No

Reason for Leaving: \_\_\_\_\_

Would you rehire? Yes No      If not, why? \_\_\_\_\_

Would you recommend this applicant for employment? Yes No

If not, why? \_\_\_\_\_

Anything else we should know about this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



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Employed from: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities and Duties Performed:  
\_\_\_\_\_  
\_\_\_\_\_

Quality of Work: \_\_\_\_\_

What are applicants top three strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are applicants top three weaknesses? \_\_\_\_\_

How did they affect other people? \_\_\_\_\_

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How was their attendance and punctuality? \_\_\_\_\_

How did they compare to others in similar positions? (1 worst to 5 best) \_\_\_\_\_

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Would you rehire? Yes No If not, why? \_\_\_\_\_

Would you recommend this applicant for employment? Yes No

If not, why? \_\_\_\_\_

Anything else we should know about this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Responsibilities and Duties Performed:  
\_\_\_\_\_  
\_\_\_\_\_

Quality of Work: \_\_\_\_\_

What are applicants top three strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are applicants top three weaknesses? \_\_\_\_\_

How did they affect other people? \_\_\_\_\_

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Work well with supervisors? Yes No Work well independently? Yes No

Work well as a member of a team? Yes No

Take direction and constructive criticism well? Yes No

Any problem with supervisor or any subordinates? Yes No

Reason for Leaving: \_\_\_\_\_

Would you rehire? Yes No If not, why? \_\_\_\_\_

Would you recommend this applicant for employment? Yes No

If not, why? \_\_\_\_\_

Anything else we should know about this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**APPLICANT – DO NOT WRITE BELOW THIS LINE**

|                                    |                                |                  |                       |
|------------------------------------|--------------------------------|------------------|-----------------------|
| Name: _____                        |                                |                  |                       |
| Starting Date: _____               | Full-time ___                  | Part-time ___    | On-call ___ Temp. ___ |
| Starting Pay Rate \$ _____         | Orientation?                   | Yes ___          | No ___                |
| Position Title: _____              | Professional license verified? | Yes ___          | No ___                |
| Department: _____                  | Replacement Position ___       | New Position ___ |                       |
| References Checked: Yes ___ No ___ | References Received:           | Yes ___          | No ___                |