



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
Fax: (509) 787-3841
www.quincyhospital.org

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 of 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 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 above employers under a different name? If so, please circle which one(s) 1 2 3 4
Give previous name _____

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

APPLICANT – DO NOT WRITE IN BOX BELOW

Starting Date:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	On-call <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:	Employment Physical? 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: