



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) 787-2016
www.quincyhospital.org



QUINCY VALLEY MEDICAL CENTER APPLICATION FOR EMPLOYMENT

"Compassionate, Quality Care"

"We are an Equal Opportunity Provider and Employer"

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

PERSONAL DATA

Name _____ / _____ / _____
 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 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 convicted of a misdemeanor or felony offense or been released from prison within the past ten (10) years? Factors such as age at the time of offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect of suitability for employment.

Yes No (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully _____

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

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

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, as set forth in the job description? Yes No

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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 _____

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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 THE SECTION 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"/>

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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: _____

FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

Quincy Valley Medical Center wishes to obtain a consumer report on you from consumer reporting agencies including for employment purposes. The consumer report may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Information obtained in consumer reports may include criminal background information, motor vehicle driving history, prior employment, military service, credit history and educational records. This report will be obtained for employment purposes only.

Please sign this form below, indicating your authorization for Quincy Valley Medical Center to conduct a background record check and obtain a consumer report at any time prior as may be applicable to you. In the event that Quincy Valley Medical Center considers any information in the consumer report when making an adverse employment related decision affecting you, you will be provided with information regarding the consumer reporting agency, a copy of the consumer report and a copy of your rights under the Fair Credit Reporting Act (FCRA), before the decision is finalized.

BACKGROUND RECORD CHECK AUTHORIZATION

I, _____ (APPLICANT'S NAME), voluntarily authorize Quincy Valley Medical Center to conduct a background record check for employment purposes in connection with my application for employment with Quincy Valley Medical Center. I specifically authorize Quincy Valley Medical Center to obtain consumer reports from consumer reporting agencies for employment purposes. I understand I have rights under FCRA as indicated above.

Signature _____

Date _____

Social Security No _____

Date of Birth _____

Address (include mailing address if different than street) _____