



LAKE CHELAN HEALTH

503 EAST HIGHLAND AVENUE
POST OFFICE BOX 908
CHELAN, WASHINGTON 98816
TELEPHONE 509 682-3300

Application for Employment

Date Received

APPLICANTS: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY, DO NOT WRITE IN "SEE ATTACHED." PLEASE REMEMBER TO PRINT CLEARLY AND TO READ AND SIGN ON THE LAST PAGE.

Notice: Lake Chelan Health is an Equal Opportunity Employer. Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

Specific Position Applied for: _____

Today's Date: _____

Full Name _____

Best contact phone number _____

Address _____

City _____

State _____

Zip _____

Mailing Address (if different than address listed above) _____

Email Address _____

Date available to begin work: _____

Do you wish: FT PT On-Call

Are you able to work: Days Evenings Nights

Days you are available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Referred to LCH by: LCHC Website Newspaper ad Indeed.com Worksource Another Employee Self

Why are you interested in this particular position?

What skills and training qualify you for this position?

What portions of your work experience qualify you for this position?

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute resume. List all work experience, paid or unpaid, beginning with your current or most recent job. Include military experience as well as volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. Describe each job separately, emphasizing your specific tasks and any supervisory, technical or other responsibilities. Explain all breaks in continuous employment. If more space is needed, additional pages may be added.

PRESENT OR LAST POSITION FIRST

| | | | | |
|---------------------------------------|--|----------------|---|------------------------------------|
| _____ Employer | _____ City | _____ State | From: _____ (month/year) | To: _____ (month/year) |
| _____ Address | | | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
| _____ Your title | _____ Supervisor's name and telephone | | _____ Hrs/Week (if varied, indicate avg) | |
| Duties/Responsibilities (be specific) | | | | |
| May we contact this employer? | | | | |
| Yes No | | | | |

Reason for leaving or for considering a change

Did you use a different name while working for this employer? If yes, please list here:

| | | | | |
|---------------------------------------|--|----------------|---|------------------------------------|
| _____ Employer | _____ City | _____ State | From: _____ (month/year) | To: _____ (month/year) |
| _____ Address | | | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
| _____ Your title | _____ Supervisor's name and telephone | | _____ Hrs/Week (if varied, indicate avg) | |
| Duties/Responsibilities (be specific) | | | | |
| May we contact this employer? | | | | |
| Yes No | | | | |

Reason for leaving or for considering a change

Did you use a different name while working for this employer? If yes, please list here:

| | | | | |
|---------------------------------------|--|----------------|---|------------------------------------|
| _____ Employer | _____ City | _____ State | From: _____ (month/year) | To: _____ (month/year) |
| _____ Address | | | Full-time <input type="checkbox"/> | Part-time <input type="checkbox"/> |
| _____ Your title | _____ Supervisor's name and telephone | | _____ Hrs/Week (if varied, indicate avg) | |
| Duties/Responsibilities (be specific) | | | | |
| May we contact this employer? | | | | |
| Yes No | | | | |

Reason for leaving or for considering a change

Did you use a different name while working for this employer? If yes, please list here:

List ALL other positions you have held in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

Employer _____ Address _____

Phone _____ Your title _____

Dates of employment _____ Reason for leaving _____

Employer _____ Address _____

Phone _____ Your title _____

Dates of employment _____ Reason for leaving _____

Employer _____ Address _____

Phone _____ Your title _____

Dates of employment _____ Reason for leaving _____

PERSONAL REFERENCES

Give below the names of three persons not related to you, whom you have known for at least one year.

| Name | Email Address | Nature of your Relationship |
|-------|---------------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

EDUCATION

Check highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

| | Name of School | Location | Diploma or Degree | Year Received | Major |
|-------------|----------------|----------|-------------------|---------------|-------|
| High School | _____ | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ | _____ |
| Vocational | _____ | _____ | _____ | _____ | _____ |

ADDITIONAL INFORMATION

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Professional and Trade Licenses

Have you ever been employed by this company before? Yes No If yes, When? _____

In what job? _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:

Lake Chelan Health is an equal opportunity employer and does not discriminate on the basis of gender, age, race or color, religion, marital status, national origin, disability or veteran status, sexual orientation or gender preference. (____ initial here)

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for an open position will be interviewed. (____ initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with Lake Chelan Health. (____ initial here)

I consent to a drug testing as may be requested by Lake Chelan Health's representatives. (____ initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to Lake Chelan Health, will result in immediate termination of my employment. (____ initial here)

I authorize all previous employers and supervisors, including all persons with whom I have worked, to give Lake Chelan Health representatives any and all information regarding me and my previous employment. I release Lake Chelan Health and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lake Chelan Health. (____ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of Lake Chelan Health. I understand that LCH is an "at will" employer and that my employment and compensation can be terminated at any time at the option of either the company or me. (____ initial here)

Signature

Date