



**OCEAN BEACH HOSPITAL**

**P.O. Box H  
Ilwaco, WA. 98624  
(360) 642-3181  
FAX (360) 642-6309**

*We are an Equal Opportunity Employer*

**APPLICATION FOR EMPLOYMENT**

**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 Phone Number

Permanent Address \_\_\_\_\_ ( ) \_\_\_\_\_  
(If other than above) Street City State Phone Number

If you are under 18 years of age, can you provide required proof of you eligibility to work?  Yes  No

How did you learn about this position opening?  Ad  Friend  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, give dates \_\_\_\_\_

Have you been convicted of a felony or misdemeanor?  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 program?  
 Yes  No (A "yes" answer to this question will not necessarily bar the applicant from employment)

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 |
|----------|------------------|------------|------------|-----------|------------|
|          |                  |            |            |           |            |
|          |                  |            |            |           |            |
|          |                  |            |            |           |            |

## WORK SKILLS

List 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.

| BUSINESS  | GENERAL  | PATIENT CARE                                 |
|---|--|--|
| <input type="checkbox"/> Typing <input type="checkbox"/> W.P.M.   | <input type="checkbox"/> Floor Care (Manual)     | <input type="checkbox"/> Sterile Technique   |
| <input type="checkbox"/> Shorthand <input type="checkbox"/> W.P.M | <input type="checkbox"/> Floor Care (Machines)   | <input type="checkbox"/> Vital Signs         |
| <input type="checkbox"/> Transcription                            | <input type="checkbox"/> Linen Packing           | <input type="checkbox"/> Pre-Op Preps        |
| <input type="checkbox"/> Medical Terminology                      | <input type="checkbox"/> Autoclave               | <input type="checkbox"/> Isolation Technique |
| <input type="checkbox"/> Bookkeeping                              | <input type="checkbox"/> Sterilizer (Steam/Gas)  | <input type="checkbox"/> Catheterization     |
| <input type="checkbox"/> Accounting                               | <input type="checkbox"/> Dishwasher (Manual)     | <input type="checkbox"/> Coronary Care       |
| <input type="checkbox"/> Ten-Key Adding                           | <input type="checkbox"/> Dishwasher (Industrial_ | <input type="checkbox"/> Charting            |
| <input type="checkbox"/> Calculator                               | <input type="checkbox"/> Sewing_____             | <input type="checkbox"/> Monitor             |
| <input type="checkbox"/> Key Punch                                | <input type="checkbox"/> Maintenance (General)   | <input type="checkbox"/> Type _____          |
| <input type="checkbox"/> Invoicing/Inventory                      | <input type="checkbox"/> Maintenance (Craft)     | <input type="checkbox"/> Intensive Care      |
| <input type="checkbox"/> Reception                                | <input type="checkbox"/> Electrical _____        | <input type="checkbox"/> Orthopedic          |
| <input type="checkbox"/> Phone Switchboard                        | <input type="checkbox"/> Plumbing _____          | <input type="checkbox"/> Pediatric           |
| <input type="checkbox"/> Insurance Billing                        | <input type="checkbox"/> Building _____          | <input type="checkbox"/> Geriatric           |
| <input type="checkbox"/> Medicare/Medicaid                        | <input type="checkbox"/> Electronics _____       | <input type="checkbox"/> Medical             |
| <input type="checkbox"/> Word Processing                          | <input type="checkbox"/> Small Power Tools       | <input type="checkbox"/> Surgical            |
| <input type="checkbox"/> Software _____                           | <input type="checkbox"/> Driving_____            | <input type="checkbox"/> Obstetrics          |
| <input type="checkbox"/> Computers                                | Other: _____                                     | <input type="checkbox"/> Oncology            |
| <input type="checkbox"/> Data Entry                               |  | Other: _____                                 |
| Other: _____  |  |  |

Comments:

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## WORK AVAILABILITY

Regular  Short-Term  Full-Time  Part-Time  On-Call Work Overtime?  Yes  No

Indicate shift(s) you will work:

1<sup>st</sup> shift – days  2<sup>nd</sup> shift – evenings  3<sup>rd</sup> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------|--|

College or Schools after high school (include any job related education or training in military service)

| Name, Location | Academic Major, Skill or Trade | Dates Attended | Degree or Diploma & Year Graduated |
|----------------|--------------------------------|----------------|------------------------------------|
|                |                                |                |                                    |
|                |                                |                |                                    |
|                |                                |                |                                    |

## WORK EXPERIENCE

List most recent employer first. Include at least past five (5) years, and account for any time gaps in your employment history, including military service (Attach additional sheet if necessary.)

|                                     |  |   |
|-------------------------------------|--|---|
| 1. Name of employer, address        | Date employed (mo./yr.)<br>From                      To<br>Final Salary \$ | Name of Supervisor<br>Phone #<br>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        | Date employed (mo./yr.)<br>From                      To<br>Final Salary \$ | Name of Supervisor<br>Phone #<br>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        | Date employed (mo./yr.)<br>From                      To<br>Final Salary \$ | Name of Supervisor<br>Phone #<br>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        | Date employed (mo./yr.)<br>From                      To<br>Final Salary \$ | Name of Supervisor<br>Phone #<br>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 of the above employers under a different name? If so, please circle which ones(s) 1 2 3 4

Give previous name \_\_\_\_\_



|   |   |                            |
|---|---|----------------------------|
| U.S. Office of Personnel Management<br>Guide to Personnel Data Standards  | <b>ETHNICITY AND RACE IDENTIFICATION</b><br>(Please read the Privacy Act Statement and instructions before completing form.)  |                            |
| Name (Last, First, Middle Initial)  | Social Security Number  | Birthdate (Month and Year) |
| Agency Use Only   |   |                            |
| <p><b>Privacy Act Statement</b></p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p> |   |                            |
| <p><b>Specific Instructions:</b> The two questions below are designed to identify your ethnicity and race. <b>Regardless of your answer to question 1, go to question 2.</b></p>  |   |                            |
| <p><b>Question 1. Are You Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |   |                            |
| <p><b>Question 2.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>  |   |                            |
| <b>RACIAL CATEGORY</b><br>(Check as many as apply)  | <b>DEFINITION OF CATEGORY</b>   |                            |
| <input type="checkbox"/> American Indian or Alaska Native   | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  |                            |
| <input type="checkbox"/> Asian  | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |                            |
| <input type="checkbox"/> Black or African American  | A person having origins in any of the black racial groups of Africa.  |                            |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |                            |
| <input type="checkbox"/> White  | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |                            |

Standard Form 181  
Revised August 2005  
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446