

Date: _____

(Office Use Only) Position # _____



APPLICATION FOR EMPLOYMENT

An Equal Opportunity 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. We appreciate your interest in working here and we are sincerely interested in your qualifications. A clear understanding of your abilities and interests will aid us in placing you in an available opening for which you are best qualified.

PERSONAL DATA

Name _____
Last
First
Middle

Present Address _____
Street
City
State
Zip

Phone Number

Message Phone No

Social Security Number

WORK DESIRED

To which Samaritan Health Services organization do you wish to apply: (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Samaritan Albany General Hospital | <input type="checkbox"/> Samaritan Resources | <input type="checkbox"/> Wiley Creek |
| <input type="checkbox"/> FirstCare Physicians | <input type="checkbox"/> Samaritan Dialysis Services | <input type="checkbox"/> Samaritan Heart of the Valley |
| <input type="checkbox"/> Samaritan Good Samaritan Regional Medical Center | <input type="checkbox"/> Samaritan Lebanon Community Hospital | <input type="checkbox"/> Samaritan North Lincoln Hospital |
| | <input type="checkbox"/> Samaritan Health Physicians | <input type="checkbox"/> Samaritan Pacific Health Services |

Type of work or position desired: _____

Second preference, if any: _____

- Full-time Part-time Casual/PRN Temporary

If temporary, indicate which months available: _____

Indicate shift(s) you are able to work: 1st shift – day 2nd shift – evening 3rd shift – night

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

Can you perform the essential functions of the job for which you are applying without reasonable accommodation?

- Yes No

If no, please explain:

“An Equal Opportunity Employer”

Samaritan Health Services does not discriminate in employment practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, or association with anyone of a particular race, color, sex, national origin, marital status or religion.

www.samhealth.org

EDUCATION

High School

Name	Location	Major Course of Study	Diploma Received?

College or Schools after High School (include any education in military service)

Name	Location	Academic Major, Skill or Trade	Degree Received?

SKILLS

LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THOSE POSITION(S):

(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

- _____ Typing _____ W.P.M.
- _____ Shorthand _____ W.P.M.
- _____ Transcription
- _____ Bookkeeping
- _____ Accounting
- _____ Ten-Key Adding
- _____ Calculator
- _____ Key Punch
- _____ Invoicing/Inventory
- _____ PBX
- _____ Insurance Billing
- _____ Medicare/Medicaid
- _____ Medical Terminology
- _____ Word Processing
- _____ Computers

GENERAL

- _____ Floor Care (Manual)
- _____ Floor Care (Machines)
- _____ Linen Packing
- _____ Autoclave
- _____ Sterilizer (Steam/Gas)
- _____ Dishwasher (Manual)
- _____ Dishwasher (Industrial)
- _____ Sewing
- _____ Maintenance (General)
- _____ Maintenance (Craft)
- _____ Small Power Tools

PATIENT CARE

- _____ Sterile Technique
- _____ Vital Signs
- _____ Pre-Op Preps
- _____ Isolation Technique
- _____ Catheterization
- _____ Coronary Care
- _____ Charting
- _____ Monitor _____ Type
- _____ Veni-Puncture
- _____ Patient Transfer

LIST ANY CLERICAL SKILLS THAT WOULD QUALIFY YOU FOR THE POSITION(S):

e.g., typing speed, software, 10-key, etc.

PROFESSIONAL REGISTRATION/LICENSURE

Type of Registration or License	State	Number	Date of Expiration

Verified: Date _____ Initials _____

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 Oregon State, have you applied for reciprocity? Yes No

Is there a previously successful or currently pending challenge to any licensure or registration or the voluntary relinquishment of such licensure or registration that you have? Yes No

WORK EXPERIENCE

List most recent employer first, 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
Job title and description of duties		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
Job title and description of duties		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
Job title and description of duties		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
Job title and description of duties		Reason for leaving:
5. 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
Job title and description of duties		Reason for leaving:

Did you work for any of the above employers under a different name? If so, please circle which one(s) 1 2 3 4 5
For reference purposes, please give the name under which you worked.

Have you been convicted of a criminal offense within the past five years? (do not include minor traffic violations)
 Yes No (A "yes" answer to this question will not necessarily bar the applicant from employment.)

If yes, explain fully: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the information set forth by my signature in this Application for Employment is true, complete, and accurate to the best of my knowledge. I understand that falsified statements on this application shall be considered sufficient cause for refusal to hire or termination of employment.

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 understand that Samaritan Health Services will require me to produce documents to verify my legal right to work in the United States of America and satisfactory job reference when an offer of employment has been made to me. Documents must be produced within three (3) working days or Samaritan Health Services will terminate my employment.

I further understand that my employment is contingent upon successful completion of post-offer substance abuse, physical capacity evaluation testing, employment references, and educational and criminal background information furnished by me. I consent to and authorize Samaritan Health Services 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.

In consideration of my employment, I agree to conform to the rules and regulations of Samaritan Health Services and their affiliates. I understand that if employed, I may be required to work at other than my current assignment as the needs of the organization require. I understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Samaritan Health Services or myself.

Signature of Applicant

Date

How did you hear about SHS Employment Opportunities? *(circle answer)* Newspaper/Journal *(Please indicate)* _____

Website Referral/Word of Mouth SHS JobLine Job Fair Other _____

Thank You for your interest in employment with Samaritan Health Services. Your application will be kept on file for six months, but is not automatically submitted for new positions. You can reactivate this application for another position by calling the Human Resources Department.

OFFICE USE ONLY

Interview Information:

Date/Time

Position/Department

Interviewer

Start Date: _____

Orientation Date: _____

Department/Cost Center: _____

Position: _____

Rate: _____ FT____ PT____ Other_____

Job Code: _____

Shift: _____ Premium: _____

Employee No.: _____

Health Screen Date: _____

Post Offer Substance Abuse Test Date: _____

Physical Capacity Evaluation Date (if applicable): _____