



# Application for Employment

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

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 Community Hospital 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 \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different then address listed above) \_\_\_\_\_

Daytime or Message Phone \_\_\_\_\_

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 LCCH by: LCCHC 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:

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_____ 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:

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_____ 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:

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

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Employer \_\_\_\_\_ Address \_\_\_\_\_

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Phone \_\_\_\_\_ Your title \_\_\_\_\_

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Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

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Phone \_\_\_\_\_ Your title \_\_\_\_\_

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Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Address \_\_\_\_\_

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Phone \_\_\_\_\_ Your title \_\_\_\_\_

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Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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**PERSONAL REFERENCES**

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

Name	Address	Phone	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 or University	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____
Vocational or Training	_____	_____	_____	_____	_____

**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 Community Hospital & Clinics 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 Community Hospital & Clinics. (\_\_\_\_ initial here)

I consent to a drug testing as may be requested by Lake Chelan Community Hospital & Clinic'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 Community Hospital & Clinics, 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 Community Hospital and Clinic's representatives any and all information regarding me and my previous employment. I release Lake Chelan Community Hospital and Clinic and all previous employers and supervisors from liability for any damages that may result from furnishing information to Lake Chelan Community Hospital & Clinic.  
(\_\_\_\_ initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of Lake Chelan Community Hospital & Clinic. I understand that LCCH 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