

Franklin County Public Hospital District #1

APPLICATION REQUIREMENTS FOR FULL TIME CHIEF / CEO

Incomplete applications will not be accepted

Return the completed application to our main station located at 22210 Glade North Road, Mesa, WA 99343 or email it to fcphd1.office@gmail.com

The completed packet must include the following items:

- Complete an accurate application (incomplete applications will not be accepted)
- Copy of Driver's License
- Copy of High School Diploma or GED
- Copy of Associate's degree or equivalent in public administration, business administration, or a closely related field
- Copy of any applicable certifications or licenses (i.e. EMT, AEMT, etc...)
- Completed authorization to release information & confidential disclosure forms, **which must be notarized.**

The job description does not constitute an employee agreement between the employer and the employee and is subject to change by the employer as the needs of the employer and requirements of the job change. This position is an at-will-employment position. The employee may be terminated from this position with or without cause at the sole discretion of the Board of Commissioners.

GENERAL INFORMATION

Name: _____
(Last) (First) (Middle)

List all names now or in the past you have used: _____

Address: _____
Street City State Zip

Years at this address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

Are you being recommended by a current member of this department, or have any relatives presently on this department? **YES NO**

If yes, please list name(s): _____

EDUCATION INFORMATION

Name & location of high school attended: _____

Last date of attendance: _____ Did you graduate? **YES NO**

If you are not a high school graduate, do you have a certificate of equivalency (GED)? **YES NO**

If yes, give date: _____

Schools attended after high school, or special training received:

**If currently in school, include present term:*

Name & Location	From - To	Field of Study	Degree

REFERENCES

List the names of three people - other than former employers and relatives - having knowledge of your character, experience or ability:

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

EMPLOYMENT HISTORY

Provide information on present and former employers for the last 7 years beginning with the most recent.

Employing firm: _____

Phone Number: _____ Job Title: _____

Supervisor: _____ From: _____ To: _____

Full Time or Part time Job Duties: _____

Reason for leaving: _____

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PRESENT QUALIFICATIONS

- CPR/AED Card – Expires: _____
- First Responder – Expires: _____
- EMT-B – State: _____ Expires: _____
- EMT-A – State: _____ Expires: _____
- Paramedic – State: _____ Expires: _____

Please attach a copy of your training certificate(s) & Qualifications

Are you a veteran? **Yes** **No**

Branch: _____

Date & type of discharge: _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern: I authorize you to furnish Franklin County Public Hospital District #1 (FCPHD#1) with any and all information that you have concerning me, my work record, my reputation, my medical records, and my military service records. I also authorize you to furnish criminal history record information (if any) to said district. Information of a confidential or privileged nature may be included. Your reply will be used to assist FCPHD#1 in determining my qualifications and fitness for the position I am seeking with FCPHD#1.

I understand my rights under Title 5, United States Code, Section 552A, The Privacy Act of 1974, and waive those rights with the understanding that information furnished will be used by FCPHD#1 in conjunction with employment procedures.

I hereby release you, your organization, and others, from any liability or damage which may results from furnishing the information requested.

Applicant's Signature _____
Date

Subscribed and sworn to before me this
_____ Day of _____, 20__

Notary's Signature _____
Date

Notary Public in and for the State of Washington,
Residing at _____

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. You may retain this form in your files.

DISCLOSURE REPORT

If Franklin County Public Hospital District #1 (FCPHD#1) decides to obtain a criminal background check, RCW 43.43.834(2) requires that FCPHD#1 obtain the following information from an applicant if an employee in the position applied for may have unsupervised access to children under sixteen (16) years of age or developmentally disable person or vulnerable adults during the course of employment. To comply with the statutory requirements, please provide the following information under oath:

- 1. Have you been convicted of any crime? **Yes No**
- 2. Have you had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830? **Yes No**
- 3. Have you had both a conviction under 1 above and findings made against you under 2 above?
Yes No

Dated: _____
Applicant

STATE OF WASHINGTON
COUNTY OF _____
ACKNOWLEDGEMENT
OF
INDIVIDUAL

I certify that I have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purpose mention in the instrument.

Dated: _____
Notary Public in and for the State of Washington, residing in

My appointment expires _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS REQUEST SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

If you are offered a position as a paid employee with the District, the District may, under RCW 43.43.832 and RCW 43.43.834, submit an inquiry to the Washington State Patrol to conduct a records check to verify the answers provided above. You will be notified within ten (10) days after a response is received from the Washington State Patrol of the nature of the response and be provided a copy of the response. The District shall use this record only in making the initial employment decision