**Franklin County Public Hospital District #1**

**APPLICATION REQUIREMENTS FOR FULL-TIME / PART-TIME EMPLOYEE**

***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@fcphd1.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 any applicable certifications or licenses (i.e. EMT, AEMT, etc.…)

• Completed authorization to release information & confidential disclosure forms.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all aliases you are or have used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street, City, State, Zip)

How long at this address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If less than 2 years, please provide previous address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street, City, State, Zip)

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you being recommended by a current member of this department? **YES NO**

If yes, please list name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any relatives presently within this department? **YES NO**

If yes, please list name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION INFORMATION**

Name & location of high school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? **YES NO**

If no, 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:

**1.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this person known you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this person known you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has this person known you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT HISTORY**

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

**1.** Employing firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_

Full Time or Part time Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Employing firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_

Full Time or Part time Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Employing firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_

Full Time or Part time Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If more space is needed, please add to a separate piece of paper*

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

**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 result from furnishing the information requested.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Signature Date

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 with a copy of the response. The District shall use this record only in making the initial employment decision.

**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.