



Wallowa Memorial Hospital & Medical Clinics

Application for Employment

Wallowa County Health Care District is an equal opportunity employer. The District does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability, arrest record, or any other classification protected under state or federal law.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____ Circle Preferred Method of Communication: Phone Text Email

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you at least 18 years of age? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you now or do you expect to be engaged in any other business or employment? YES NO If yes, explain: _____

How did you hear of this job posting? _____

Education

High School: _____

Did you graduate? YES NO Diploma: _____

College: _____

Did you graduate? YES NO Degree: _____

Other: _____

Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
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 Address: _____

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 Company: _____ Phone: _____
 Address: _____

Previous Employment

Most Current Employer: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current supervisor for a reference?
 YES NO LATER

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?
 YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

License and Certification Information

License/Certification	# If applicable	Date Issued:
		Expiration Date:
License/Certification	# If applicable	Date Issued:
		Expiration Date:
License/Certification	# If applicable	Date Issued:
		Expiration Date:

Qualifications and Special Skills

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

Comment on any additional related experience you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying:

Disclaimer and Signature

Wallowa County Health Care District is an alcohol and drug-free workplace and an Equal Opportunity Employer. Offers of employment may be contingent on successful completion of drug and background screenings. Please note we follow Federal Guidelines regarding prohibited substances, even for those legal at the state level.

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsifications and/or omissions in any detail are grounds for disqualifications from consideration for employment or if hired for dismissal from employment.

I authorize Wallowa County Health Care District to investigate the truthfulness of all statements made on this application and to contact my former employers, other listed references or any other persons who can verify information.

Signature: _____ Date: _____