

# Sunnyside Community Hospital

1016 TACOMA AVENUE SUNNYSIDE WASHINGTON 98944

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

PLEASE FURNISH ALL INFORMATION REQUESTED ON THIS FORM. **If you wish to supply additional educational or work history information, attach a resume, but do not reference a resume, such as "see resume".** Please type or print clearly all information. We appreciate your interest in our hospital, and are sincerely interested in your qualifications. Employees with Sunnyside Community Hospital are expected to treat each other and everyone they come in contact with, with dignity and respect at all times.

Should you become an employee of SCH, you will be expected to abide by our hospital's **Standards of Performance**. Please review and sign acknowledging receipt of our **Standards of Performance**. \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Social Security No. Birth Date

Local Address \_\_\_\_\_  
Street City State Zip Telephone

Permanent Address (if other than above) \_\_\_\_\_

By whom were you referred to us? \_\_\_\_\_

Names of relative or friends employed here: \_\_\_\_\_

Have you previously been employed here?  Yes  No If yes, give dates: \_\_\_\_\_

Have you been convicted of an offense or been released from prison within the past 10 years?  Yes  No (A "yes" answer to this question will not necessarily bar you from employment.) If "yes", explain fully: \_\_\_\_\_

### WORK DESIRED and WORK AVAILABILITY

Type of work or position desired: \_\_\_\_\_ Second preference, if any: \_\_\_\_\_

Minimum salary desired: \_\_\_\_\_

Full Time  Part Time  Per Diem  Temporary If temporary, indicate when available: \_\_\_\_\_

Indicate shift(s) you will work:  1st shift-days  2nd shift-evenings  3rd shift-nights

Will you rotate shifts? \_\_\_\_\_ Will you work weekends? \_\_\_\_\_

What days of the week would you accept? \_\_\_\_\_ Date available to begin work? \_\_\_\_\_

### PROFESSIONAL REGISTRATION/LICENSURE

| Type of Registration or License | State | Number | Date of Expiration |
|---------------------------------|-------|--------|--------------------|
|                                 |       |        |                    |
|                                 |       |        |                    |

If you do not have a required registration or license, have you applied for one?  Yes  No If not licensed in Washington State, have you applied for reciprocity?  Yes  No

### EDUCATION

| Education Level                    | Name of School & Location | Major Course | Did you graduate or receive a GED? | Dates Attended | Graduation Date |
|------------------------------------|---------------------------|--------------|------------------------------------|----------------|-----------------|
| High School                        |                           |              |                                    |                |                 |
| Professional or Diploma            |                           |              |                                    |                |                 |
| College/University (undergraduate) |                           |              |                                    |                |                 |
| Other                              |                           |              |                                    |                |                 |

List scholastic honors, specialized training, apprenticeship, volunteer work and extra-curricular activities that may be helpful in considering your application: \_\_\_\_\_

### EMPLOYMENT HISTORY

List most recent employer first. Include at least past five (5) years, and account for any time gaps in your employment history.

Employment firm/Agency \_\_\_\_\_ From (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Address \_\_\_\_\_ To (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Job Title \_\_\_\_\_  Full Time  Part Time  
 Specific Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Telephone \_\_\_\_\_  
 May we contact?  Yes  No Did you work under a different name? Please list: \_\_\_\_\_

Employment firm/Agency \_\_\_\_\_ From (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Address \_\_\_\_\_ To (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Job Title \_\_\_\_\_  Full Time  Part Time  
 Specific Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Telephone \_\_\_\_\_  
 May we contact?  Yes  No Did you work under a different name? Please list: \_\_\_\_\_

Employment firm/Agency \_\_\_\_\_ From (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Address \_\_\_\_\_ To (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Job Title \_\_\_\_\_  Full Time  Part Time  
 Specific Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Telephone \_\_\_\_\_  
 May we contact?  Yes  No Did you work under a different name? Please list: \_\_\_\_\_

Employment firm/Agency \_\_\_\_\_ From (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Address \_\_\_\_\_ To (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
 Job Title \_\_\_\_\_  Full Time  Part Time  
 Specific Duties \_\_\_\_\_ Last Salary \_\_\_\_\_  
 \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_ Telephone \_\_\_\_\_  
 May we contact?  Yes  No Did you work under a different name? Please list: \_\_\_\_\_

Please list any foreign language(s) and check the box that best describes your skill level (optional):

| Language | Read/Write/Speak | Read/Write | Read/Speak | Read Only | Speak Only |
|----------|------------------|------------|------------|-----------|------------|
|          |                  |            |            |           |            |
|          |                  |            |            |           |            |

Do you now have or do you anticipate having any activities, commitments or responsibilities that may prevent you from meeting your work attendance requirements? \_\_\_\_\_

Given your knowledge, skills, education and experience are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodations, as set forth in the job description? \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**I certify that the information** set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on the application shall be considered sufficient cause for dismissal. I understand that my employment shall be contingent upon.

1. Proof of identify and verification of eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986;
2. The checking of references furnished by me;
3. The results of mandatory pre-employment urine drug screening;
4. Proof of High School Diploma or GED for non-registered positions; and
5. I understand that my employment is not governed by any written or oral contract (absent a union contract) and is considered an "at will" arrangement. This means that I am free, as is the Hospital, to terminate the employment relationship at any time for any reason, so long as there is no violation of applicable federal or state law. I understand that Sunnyside Community Hospital's "Employee Handbook" does not constitute an employment contract, either implied or expressed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Reference Release Authorization**

I consent to and authorize Sunnyside Community Hospital and its Human Resources Department to request any information concerning my previous employment record and educational background, in any manner they choose, 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE STATEMENT

Pursuant to the requirements of 1987 Washington Laws Chapter 486, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons:

| YES                      | NO                       |                                     | YES                      | NO                       |  |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated murder                   | <input type="checkbox"/> | <input type="checkbox"/> | Second degree statutory rape                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree murder                 | <input type="checkbox"/> | <input type="checkbox"/> | Third degree statutory rape                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Second degree murder                | <input type="checkbox"/> | <input type="checkbox"/> | First degree robbery   |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree kidnapping             | <input type="checkbox"/> | <input type="checkbox"/> | Second degree robbery  |
| <input type="checkbox"/> | <input type="checkbox"/> | Second degree kidnapping            | <input type="checkbox"/> | <input type="checkbox"/> | First degree arson   |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree assault                | <input type="checkbox"/> | <input type="checkbox"/> | First degree burglary  |
| <input type="checkbox"/> | <input type="checkbox"/> | Second degree assault               | <input type="checkbox"/> | <input type="checkbox"/> | First degree manslaughter                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Third degree assault                | <input type="checkbox"/> | <input type="checkbox"/> | Second degree manslaughter                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree rape                   | <input type="checkbox"/> | <input type="checkbox"/> | First degree extortion                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Second degree rape                  | <input type="checkbox"/> | <input type="checkbox"/> | Second degree extortion                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Third degree rape                   | <input type="checkbox"/> | <input type="checkbox"/> | Indecent liberties   |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree statutory rape         | <input type="checkbox"/> | <input type="checkbox"/> | Incest   |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree promoting prostitution | <input type="checkbox"/> | <input type="checkbox"/> | Vehicular homicide   |
| <input type="checkbox"/> | <input type="checkbox"/> | Communication with a murder         | <input type="checkbox"/> | <input type="checkbox"/> | Unlawful imprisonment  |
| <input type="checkbox"/> | <input type="checkbox"/> | First degree criminal mistreatment  | <input type="checkbox"/> | <input type="checkbox"/> | Simple assault   |
| <input type="checkbox"/> | <input type="checkbox"/> | Second degree criminal mistreatment | <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of minors                                |
|                          |                          |                                     | <input type="checkbox"/> | <input type="checkbox"/> | Or any of these crimes as they may be renamed in the future. |

If you answered "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentences imposed:

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Have you ever been found in a [a] dependency action, [b] domestic relations proceeding, or [c] disciplinary board final decision to have sexually assaulted or exploited a minor, or to have sexually abused a minor?

YES                      NO

If you answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty or penalties imposed: \_\_\_\_\_

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If you are employed, we may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses and against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are hired before that report is available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_



## STANDARDS OF PERFORMANCE

### ATTITUDE

My job is to serve our customers by providing quality service with care and courtesy. I know that my customers are the patients, their family members, the medical staff, volunteers and my peers. I will always thank our customers for choosing Sunnyside Community Hospital and try to exceed all our customer's expectations.

### PERSONAL APPEARANCE

I will present myself in a professional manner. Always smiling and greeting patients, visitors and employees. I will follow the dress code policy as well and wear my employee badge at all times and keep it secured when not being worn.

### COMMUNICATION

I will communicate with others in a positive manner, striving to find a way to compliment and uplift all persons. I will be responsive in all workplace interactions, listening to my customers whether they are patients, family members or other members of the workforce. I will smile and be aware of my body language and non-verbal communication. I will identify myself when talking on the telephone and provide the correct number and get the caller's permission before transferring their call. I will answer all calls as quickly as possible. I will take the initiative to express concerns and suggestions to benefit the team as a whole.

### COMMITMENT TO PATIENTS

I will acknowledge patient's questions and concerns immediately. I will always address the patient by their name and will introduce myself by name and position. I will treat the patient with respect and dignity while making their needs first priority. I will provide a pleasant environment to promote healing, keeping a holistic perspective. I will provide continuity of care by reporting to coworkers before change of shift.

Nursing: I will acknowledge patient call lights in a timely manner and anticipate the patient's needs before leaving the room to decrease their need to use the call light.

### COMMITMENT TO CO-WORKERS

I will welcome all newcomers to make their adjustment as a team player to the hospital and department as pleasant as possible, remembering that I was once in their shoes. I will demonstrate a strong work ethic by showing that I care enough about myself, my job, and my co-workers by being on time and lending a helping hand whenever possible. I will treat my co-workers as professionals deserving courtesy, honesty, respect and cooperation in the same manner, as I would expect to be treated. All attempts will be made to work out any problems between co-workers on a personal basis before involving supervisors with the attempts being documented.

## **CUSTOMER WAITING**

I will acknowledge the patient/family that are waiting by checking in on them periodically, according to department policies. I will offer an apology if the wait is longer than anticipated, always thanking the customer for waiting.

## **HALLWAY ETIQUETTE**

Courtesy and professionalism will be extended to patients, visitors and each other in the hallways and will be a top priority of the employees of Sunnyside Community Hospital. I will make eye contact, smile and say hello to visitors, patients and co-workers. I will never be too busy to help someone or ask if help is needed. Talking to co-workers in the hallways will be kept to a minimum and I will never be so involved in a conversation that I overlook a visitor needing help. If someone is lost, I will walk him or her to where they need to be. I will open doors cautiously and use the safety mirrors provided. I will continually strive to exceed the expectations of others as I pass through the halls.

## **PRIVACY**

I am committed to the protection of my fellow employee's as well as the patient's rights to personal and informational privacy. I fully understand that I have the responsibility to ensure that all communications and records inclusive of demographic, clinical and financial information, be treated and maintained confidential. I am committed to the value of providing care and communication in an environment that respects privacy. I will be considerate in all interactions and in the provision of care at all times and under all circumstance with the highest regard for a person's personal privacy and dignity. I expect, of other employees, and myself, behavior that represents the expressed value in honoring and protecting everyone's right for privacy and personal safety.

## **SAFETY AWARENESS**

I will complete all yearly mandatory training as required by Sunnyside Community Hospital. I have a personal responsibility to be familiar with, and follow the safety policies and procedures. If I observe any unsafe condition or safety hazard, I will correct it if possible or report it immediately. I understand the importance of reporting all accidents and/or incidents promptly.

## **SENSE OF OWNERSHIP**

I will accept all the rights and responsibilities of being part of the hospital team by living the hospital mission, vision, and values. I am an example to others and I will be a leader in providing excellent customer service. I will hold the people and property of the hospital in high regard. I will be responsible for my own work area. If I see, or make a mess, litter, or spill, I will clean it up, or get appropriate help when necessary.

*I have read Sunnyside Community Hospital's Standards of Performance and will perform them to the best of my ability.*

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Signature

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Date

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Print Name

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Department



## STATEMENT OF COMPLIANCE

As an \_\_\_\_\_ of Sunnyside Community Hospital and Clinics, I  
(Employee, student, volunteer, vendor)

understand that all business is to be conducted according to high ethical standards, including compliance with applicable laws, rules, and regulations, and the requirements of third-party payers. I commit to the following Standards of Conduct:

**Standard #1-Quality of Care:** We are committed to providing the highest quality of care and delivering services in an ethical, professional manner.

**Standard #2-Confidentiality:** We shall strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards.

**Standard #3-Valuing Sunnyside Community Hospital and Clinics personnel:** We value our workforce and are committed to their protection and professional success.

**Standard #4-Legal Compliance:** We will strive to ensure all activity by or on behalf of the organization is in compliance with applicable laws.

**Standard #5-Conflicts of Interest:** We shall avoid conflicts or the appearance of conflicts of interest between our private interest and the fulfillment of our duties.

**Standard #6-Business Relationships:** Business transactions with vendors, contractors and other third parties shall be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.

**Standard #7-Protection of Assets:** All employees will strive to preserve and protect the organization's assets by making prudent and effective use of the Hospital's and Clinics' resources and properly and accurately reporting its financial condition.

I further understand that my name will be checked to ensure that it is not found on the Department of Health and Human Services' (HHS) OIG Exclusion List at the time of hire or first service rendered and at regular intervals thereafter. HHS' Office of the Inspector General requires us to screen employees to ensure that they have not been excluded or declared ineligible for participation in federal health care programs, generally for involvement in waste, fraud or abuse. If my name is found there, I understand that I may be subject to termination of employment, clinical rotation, volunteer service or contract. (For more information regarding the OIG exclusion list, please visit <http://oig.hhs.gov/> ).

If I witness or suspect any violation of the SCH/Clinics Code of Conduct, I will report it to the Compliance Officer, a member of the Compliance Committee, the Compliance Hotline, or in accordance with any other authorized and posted reporting mechanism. I understand that these reports may be made anonymously if preferred, at 1-800-596-7580 or <https://sunnysidehospital.alertline.com>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

5/27/2011