



**APPLICATION FOR EMPLOYMENT**

**Columbia Memorial Hospital**

2111 Exchange Street, Astoria, OR 97103

• Phone: 503.338.4073 • Fax: 503.338.7515

[www.columbiamemorial.org](http://www.columbiamemorial.org)

**NOTICE TO APPLICANTS**

Columbia Memorial Hospital is committed to providing an equal opportunity to all individuals who are seeking employment. Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, marital status, national origin, disability, veteran status, or any other class protected by state and federal law. We will attempt to reasonably accommodate employees who require certain hours or days off because of their religious beliefs or practices. The objective of the Hospital's hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the Hospital with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying. We post all open positions on our website and do not accept unsolicited applications.

**INVITATION TO REQUEST REASONABLE ACCOMODATION FOR AN APPLICANT WITH DISABILITY**

Any applicant with a disability who needs reasonable accommodations in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should inform the Human Resources Office.

**PLEASE PRINT CLEARLY, GIVING COMPLETE INFORMATION**

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell Phone
Position Applying For			Email address
Referral Source: <input type="checkbox"/> Local Newspaper <input type="checkbox"/> CMH Website <input type="checkbox"/> CMH Employee (Name) _____ <input type="checkbox"/> Other			
Do you have a valid Driver's License? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No    Current Auto Insurance? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No    Under another name? _____			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Conviction will not automatically exclude you from consideration) If yes, explain:			
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Conviction will not automatically exclude you from consideration) If yes, explain:			
<b>OFFICE SKILLS (if applicable)</b> <input type="checkbox"/> Insurance Billing <input type="checkbox"/> Accounting <input type="checkbox"/> Typing- WPM _____ <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Medical Record Coding <input type="checkbox"/> Data Entry <input type="checkbox"/> Multi-line Phones <input type="checkbox"/> Medical Office Experience <input type="checkbox"/> Medical Transcription • Microsoft Word: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced    • Microsoft Excel: <input type="checkbox"/> Beginning <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			

Columbia Memorial Hospital Employment Application

**EDUCATION AND TRAINING**

Schools	Name/Location	Did You Graduate	Degree Received	Major Studied	Minor Studied	Grade Average
High School						
College						
School of Nursing or Technology						
Special Military/ Training						

**WORK EXPERIENCE (Please begin with your present or last position)**

Current/Previous Employer	Phone (    )
Address	Dates Employed From:                      To:
Name of Supervisor	Hourly/Salary Rate
Job Title/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current/Previous Employer	Phone (    )
Address	Dates Employed From:                      To:
Name of Supervisor	Hourly/Salary Rate
Job Title/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Current/Previous Employer	Phone (    )
Address	Dates Employed From:                      To:
Name of Supervisor	Hourly/Salary Rate
Job Title/Duties	Reason for Leaving
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## CERTIFICATION AND AGREEMENT

Please Read Carefully:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Columbia Memorial Hospital to verify their accuracy and to obtain reference information on my work performance. I hereby release Columbia Memorial Hospital from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Columbia Memorial Hospital is an equal opportunity employer. Columbia Memorial Hospital does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I acknowledge that Columbia Memorial Hospital is a Planetree Affiliated Hospital and should an employment offer be extended to me, I will adhere to the Planetree philosophy of patient-centered care.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment at Columbia Memorial Hospital. However, I further understand that neither the policies, rules and regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

I understand the selection process includes a review of training and experience, confirmation of licensure and certification, drug screening and a background check.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_