COLUMBIA GORGE SURGERY CENTER

EMPLOYMENT APPLICATION

1020 Webber Street, The Dalles, OR 97058

Do not write in this space

Offer Date/Time_____
Starting Date_____
Position Title_____
Rate of Pay_____
Orientation Date_____

Instructions: All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write NA in the space. Upon completion, sign your name in the space provided. **Please *TYPE, or WRITE legibly.***

IDENTIFICATION

Today's Date:_____

Last name	First name	Middle initial			Social Security number
Present address	street and number	city	state	zip code	How long at this address?
Permanent address	street and number	city	state	zip code	Cell phone number
If you are not a U.S. citizen, do you have an *Alien Registration Receipt Card* (1-151)? ☐ YES ☐NO ☐N/A If *no, please explain.*					Home hone number
If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ YES ☐ NO ☐N/A					E-mail Address
Driver's License No.	State	Expiration			
What or who prompted you to apply here (please *be specific, i.e., which newspaper, journal, name of friend, school instructor, etc.)?* ☐Internet posting ☐Professional Journal Ad ☐Newspaper Ad ☐Friend/Relative_____ ☐Other_____					

WORK PREFERENCES

Position desired

When can you start?

Approximate salary expected:
Per hour_____ per month_____

Are you willing to accept:
☐Full time ☐Part-time ☐On call

If part-time, indicate days and hours available.

Can you be flexible in your hours?

Are you willing to work weekends?
☐ NO ☐ YES

PERSONAL

Have you ever applied here before? ☐ YES ☐ NO	If yes, indicate date Mo. Yr	Have you any relatives or acquaintances working here? ☐ YES ☐ NO Don't know for sure	If Yes, indicate name, relationship and dept.
Have you ever worked here before? ☐ YES ☐ NO	If yes, indicate dates and the department in which you worked. From_____/_____ to_____ / _____ Department:		Position:

CLINICAL APPLICANTS ONLY – LICENSES & CERTIFICATIONS (include BLS, ACLS, etc.)

TYPE OF LICENSE OR CERTIFICATE	STATE	NUMBER	EXPIRATION only Verification	For Office use

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If you do not have required certification, registration or license, have you applied for one? ☐ YES ☐ NO		If an examination is required, what date are you scheduled to take the examination? _____		

IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: Street, Number/City/State/Zip: _____

_____

Home or Cell phone number: _____ Work phone number: _____

EDUCATION Indicate high school, vocational school, business school, school of nursing, college or university attended.

NAME OF SCHOOL	LOCATION: CITY/STATE	COURSE OF STUDY	FROM/TO MO/YR	MO/ YR	DEGREE, DIPLOMA OR CERTIFICATE OBTAINED

Do you plan to resume your education? ☐YES ☐ NO ☐ UNDECIDED	If yes, when? Name and location of school you plan to attend.

Please list any other training or courses which may be pertinent to the position you are applying for, including foreign languages spoken: _____

_____

_____

SPECIAL SKILLS AND TRAINING: Check which skills or training you have in the following areas:

Business
- ☐ Typing – wpm _____
- ☐ Transcription - wpm
- ☐ Medical Terminology
- ☐ Bookkeeping
- ☐ Accounting
- ☐ Ten-Key Adding
- ☐ Calculator
- ☐ Invoicing/inventory
- ☐ Reception
- ☐ Phone Switchboard
- ☐ Insurance Billing
- ☐ Other:_____

_____

Computers
- ☐ Microsoft Word
- ☐ Microsoft Excel
- ☐ Microsoft Office
- ☐ Power Point
- ☐ AdvantX
- ☐ Other:_____

_____

General
- ☐ Floor Care
- ☐ Sterile Processing
- ☐ Sterilization
- ☐ Sterilizer (Steam/Gas)
- ☐ Maintenance (General)
- ☐ Cleaning (General)
- ☐ Medical Supply Knowledge
- ☐ Customer Service
- ☐ Disinfectants (cleaning agents)
- ☐ Lifting Techniques
- ☐ Inventory/Warehouse
- ☐ Inventory
- ☐ Other: _____

Patient Care
- ☐ Sterile Technique
- ☐ Vital Signs
- ☐ Pre-Op Preps
- ☐ Isolation Technique
- ☐ Catheterization
- ☐ Charting
- ☐ Monitor
- ☐ Blood Draw
- ☐ CPR
- ☐ Other: _____

_____

OTHER QUALIFICATIONS Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

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EMPLOYMENT HISTORY Begin with your present or most recent employer. Additional employment history sheets available upon request.

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving		May we contact? ☐ YES ☐ NO

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving		May we contact? ☐ YES ☐ NO

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Dates employed (month/year) From To	Reason for leaving		May we contact? ☐ YES ☐ NO

MILITARY SERVICE RECORD

Branch of military service	Date entered service	Date separated from active duty	Date of final discharge	Final rank

Describe any job related training received in the United States military:

____

____

State any additional information you feel may be helpful to us in considering your application for employment

____

____

____

____

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Have you, within the last ten years, been convicted of a criminal offense?

☐ YES ☐ NO (A "Yes" answer to this question will not necessarily bar the applicant from employment)

If yes, please explain.

_____

_____

_____

JOB PERFORMANCE ABILITY

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

Position_____Date_____

Signature_____

REFERENCES

Name	Occupation	Address (City & State)	Telephone Number	How Long Acquainted With?

I certify that the information set forth in this employment application is true and complete to the best of my knowledge. I understand that the falsification or willful omission of information on this application may prevent me from being hired, or shall be considered sufficient cause for my dismissal if employed. I understand that my employment related shall be contingent upon proof of identity and verification of eligibility for employment in the United States and in accordance with the I*mmigration Reform and Control Act of 1986*. I further understand that my employment is contingent upon a satisfactory reference check and successful completion of an employment drug screen. I also understand that this application is not intended to be a contract of employment, and that CGSC is an 'at will' employer under the guidelines of the State of Oregon. I consent to and authorize CGSC to request any information concerning my 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 information. Regardless of personal preferences, I must be willing to be flexible in shift assignments should the needs of the CGSC requires doing so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

_____ _____

Signature of Applicant Date

Thank you for your interest in the Columbia Gorge Surgery Center (CGSC). Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualifications. Your application will be reviewed for all positions for which you are qualified. Only those applicants selected for an interview will be notified.