



Attention: Human Resources
 209 Moller Drive, Sitka, Alaska 99835
 Telephone: (907) 747-1736 Fax: (907) 747-1760

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applied For: _____

Name: _____

Last
First
M.I.

Address: _____

Street or P.O. Box
City
State
Zip

Telephone: _____

Home
Work
Cell

U.S. Citizen? _____ Social Security No: _____ I have lived in this area for _____ years _____ months

<p>Do you have any physical handicaps or health conditions which would limit the performance of duties in the position for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please attach explanation for any "Yes" responses above.</p>	<p>If necessary for the job, can you work:</p> <p><input type="checkbox"/> Shifts <input type="checkbox"/> Overtime <input type="checkbox"/> Full time <input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Travel <input type="checkbox"/> Valid AK Driver's License <input type="checkbox"/> On Call</p> <hr/> <p>I will be able to report to work _____ days after being notified that I am hired.</p>
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EDUCATION:	School Name & Location	Degree/Years Completed	Field of Study	Date Graduated
	High School			
	College / University			
	Business / Technical			
	Other:			

MILITARY SERVICE:	Dates: _____	Branch: _____
Duty/Specialized Training: _____		
Are you in the Guard or Reserve? _____		

PERSONAL REFERENCES: List three individuals not related to or living with you, who can attest to your qualifications and fitness for this position.			
Name	Address / Telephone	Occupation	Years Known

EMPLOYMENT List most recent employment first. Include seasonal employment and temporary positions.

Employer Name & Address	Position Title / Duties	Dates Employed From: _____ To: _____	
	Avg Hours Per Week:	Salary:	
Supervisor	Telephone: _____	Reason for Leaving: _____	

Employer Name & Address	Position Title / Duties	Dates Employed From: _____ To: _____	
	Avg Hours Per Week:	Salary:	
Supervisor	Telephone: _____	Reason for Leaving: _____	

Employer Name & Address	Position Title / Duties	Dates Employed From: _____ To: _____	
	Avg Hours Per Week:	Salary:	
Supervisor	Telephone: _____	Reason for Leaving: _____	

Employer Name & Address	Position Title / Duties	Dates Employed From: _____ To: _____	
	Avg Hours Per Week:	Salary:	
Supervisor	Telephone: _____	Reason for Leaving: _____	

PROFESSIONAL LICENSE OR CERTIFICATION: _____

SPECIALIZED SKILLS: COMPUTERS, OFFICE EQUIPMENT, MECHANICAL EQUIPMENT

Keyboard/Typing Speed: _____ Medical Terminology: Yes No Dictation / Transcription? Yes No

SPECIALIZED SKILLS: MEDICAL EQUIPMENT

ADDITIONAL SKILLS including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:

INFORMATION TO THE APPLICANT: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the U.S., have a physical examination and/or a drug test, undergo a criminal background check, and sign a conflict of interest agreement and abide by its terms.

I hereby authorize the above listed employers and references to release information as to my qualifications for employment at Sitka Community Hospital.

I understand and agree to the information above.

Signature: _____ Date: _____

Name:	Social Security Number:
Position Applied For:	Date:

Sitka Community Hospital Equal Employment Opportunity Survey

To All Applicants: The information requested on this page is necessary for the Sitka Community Hospital to comply with the regulations of Alaska State Commission for Human Rights. This information will not be seen by the hiring committee for any jobs that you are applying for. It will be kept confidential and be available only to federal and state personnel legally charged with administering civil rights laws and regulations. However, statistical information compiled from records on age, sex and race shall be made available to the general public.

Today's Date: _____

AGE Date of Birth: _____ Your Age: _____

GENDER _____ Male _____ Female

RACE / ETHNICITY

- _____ Alaskan Native
- _____ American Indian
- _____ Asian or Pacific Islander
- _____ Black
- _____ Hispanic
- _____ White

DEFINITIONS OF RACIAL / ETHNIC GROUPS

The racial / ethnic groups for federal and state purposes are defined as follows:

- ALASKAN NATIVE:** Any person having origins in any of the original peoples of Alaska, and who maintains cultural identification through tribal affiliation or community recognition. Alaskan Native may include, for example any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida or Tsimshian origin.
- AMERICAN INDIAN:** Any person having origins in any of the original people of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- BLACK:** Any person having origins in any of the Black racial groups of Africa (not of Hispanic origin).
- HISPANIC:** Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- WHITE:** Any person having origins in any of the original people of Europe, North Africa or the Middle East (not of Hispanic origin).



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Reference Letter

Instructions to Applicant:

1. Complete separate reference letter for each of your last **three** employers.
2. Write complete name and address of each employer in the space below.
3. Print your full name, social security number, and other names used.
4. Read statement and sign your name at the right.
5. Return this form to your previous employer.

To Employer Addressed:

I have applied for employment at Sitka Community Hospital and request that you furnish the information below, which will be used in determining my acceptability for employment. I hereby release you from any and all liability and damage of any nature regarding the release of the requested information.

Employer's Name, Address, Phone & Fax Number

Print Name: _____
Signature: _____
Social Security #: _____
Other Names Used: _____
Position Applied For: _____

Employment Reference Verification

Dates of Employment: From _____ to _____

Position Held: _____ Last Salary: _____

Reason for Leaving: _____

How would you rate this person on the following attributes?

• Adaptability / Flexibility	Excellent	Good	Average	Below Average
• Attendance / Dependability	Excellent	Good	Average	Below Average
• Attitude / Cooperation	Excellent	Good	Average	Below Average
• Emotional / Physical Health	Excellent	Good	Average	Below Average
• Initiative / Ambition	Excellent	Good	Average	Below Average
• Job Knowledge	Excellent	Good	Average	Below Average
• Skills Level	Excellent	Good	Average	Below Average
• Personal Appearance / Hygiene	Excellent	Good	Average	Below Average
• Quantity of Work	Excellent	Good	Average	Below Average
• Quality of Work	Excellent	Good	Average	Below Average

What would you consider this person's #1 strength? _____

What would you consider this person's #1 weakness? _____

If it were your choice, would you hire this person again? _____

Employer: _____ Phone: _____

Respondent: _____ Date: _____

Title: _____