



EMPLOYMENT APPLICATION

Welcome to Columbia Memorial Hospital. Our employees are selected as Hospital Team Members because they have the ability and the sensitivity to maintain high standards of patient care. Columbia Memorial Hospital is committed to our community and the people we serve.

We at Columbia Memorial Hospital are passionate about providing the highest quality health care experience possible through excellence, partnership, innovation and communication. We embrace an integration of biological, social, intellectual, spiritual and environmental services that supports the mind, body and spirit of our patients and staff.

- We do it right.
- We do it timely.
- We do it well consistently.

The mission of Columbia Memorial Hospital is to provide excellence, leadership and compassion in the enhancement of health for those we serve.

Thank you for applying to be a member of our team. Our selection process includes a review of training and experience, confirmation of licensure and certification, drug screening, and a background check.

Human Resources Department
Columbia Memorial Hospital
2111 Exchange Street
Astoria, OR 97103

Phone: (503) 338.7505
Fax: (503) 338.7515

www.columbiamemorial.org

COLUMBIA MEMORIAL HOSPITAL CORE VALUES

EXCELLENCE – Outstanding achievement, continually surpassing standards to achieve and enhance quality.

Supporting Principles

1. Focus on the future as an opportunity for progress and achievement.
2. Continuous learning and development to improve self and your performance.
3. Maximize resources to create and deliver the most effective up-to-date healthcare.

Demonstrating Practices

1. Actively pursue goal setting.
 2. Identify and acknowledge innovative ideas and initiative.
 3. Participate in continuing education and new innovations.
 4. Continually recognize individual's compassion, integrity and creativity.
 5. Anticipate needs and changes.
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LEADERSHIP – Shows integrity, courage, commitment, and teamwork.

Supporting Principles

1. Consistent approach to truthful action.
2. Ability to take risks and freedom to create change.
3. Work as part of the team for the success of the team.
4. Make a difference.

Demonstrating Practices

1. Genuine honesty in all actions to self and others.
 2. Communicate openly.
 3. Take initiative to make a difference through creativity, innovation and a pioneering light.
 4. Have respectful regard for the worth and choices of all persons.
 5. Be supportive of others.
 6. Engage in the listening process.
 7. Maintain confidentiality.
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COMPASSION – Provide an atmosphere of empathy, acceptance and forgiveness while nurturing each person's individuality of spirit.

Supporting Principles

1. Acknowledge that we are all members of the human community with a basic need of belonging.
2. The care of others is sensitive and personalized.
3. Special concern is given for persons who are disadvantaged and vulnerable.

Demonstrating Practices

1. Accept one another without judgment.
 2. Integrate spirituality into the workplace and our care giving.
 3. Provide personalized, caring treatment of others.
 4. Be sensitive to the needs of others with an appropriate and generous response to those needs.
 5. Express gratitude for the gifts and opportunities of life.
 6. Celebrate joy, give comfort in sorrow and support in failure.
 7. Engage humor to enhance the atmosphere of caring.
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APPLICATION FOR EMPLOYMENT

Columbia Memorial Hospital

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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.

NOTICE TO APPLICANTS

Columbia Memorial Hospital is committed to providing an equal opportunity to all individuals who are seeking employment. 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.

INVITATION TO REQUEST REASONABLE ACCOMMODATION FOR AN APPLICANT WITH A DISABILITY

Any applicant with a disability who needs reasonable accommodation 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

Name _____ Position Applying For _____
Last First Middle Initial
Address _____ Today's Date _____
Street or mailing address
City State Zip Code
Date Available _____
Home Telephone _____ Social Security Number _____
Work Telephone _____ Email Address _____

I will consider: Full Time Part Time Relief/On-Call Temporary

Shifts available: Day Evening Night Weekend

We will attempt to reasonably accommodate employees who require certain hours or days off because of their religious beliefs or practices

Referral source: Local Paper Oregonian Job Line Internet Other _____

Do you have a valid Driver's License? Yes No Current auto insurance (required for some positions)? Yes No

Have you worked here previously? Yes No Under another name? _____

OFFICE SKILLS (if applicable)

Typing wpm _____ Medical Terminology Data Entry Microsoft Word Excel
Multi-line phones _____ Medical Transcription Medical Office Exp. Beg. Inter. Adv. Beg. Inter. Adv.
Insurance Billing _____ Accounting Medical Record Coding

EDUCATION AND TRAINING

SCHOOLS	NAME & ADDRESS OF SCHOOL	GRADUATED? YES OR NO	DEGREE RECEIVED	AREA OF SPECIALIZATION
College				
Graduate				
School of Nursing or Technology				
Special Training/Military Training				

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

Current or Last Employer	Supervisor	Salary
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Address	Phone
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Dates Employed From: To:	Position Held	Reason for Leaving
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Major Duties (Be Specific):

Last Employer	Supervisor	Salary
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Address	Phone
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Dates Employed From: To:	Position Held	Reason for Leaving
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Major Duties (Be Specific):

Last Employer	Supervisor	Salary
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Address	Phone
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Dates Employed From: To:	Position Held	Reason for Leaving
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Major Duties (Be Specific):

CERTIFICATION: I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. If, upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of my employment. I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that my previous employers may be contacted during the employment process and I therefore release all parties and persons connected with any such action from all claims, liabilities, and damages arising from the furnishing of this information.

Please do not contact the following employer: _____

Signature: _____ Date: _____

PRE-EMPLOYMENT DRUG SCREEN ACKNOWLEDGEMENT

By my signature below, I acknowledge my understanding that:

- Columbia Memorial Hospital requires a pre-employment drug screen on all final applicants for positions with the Hospital.
- I will be asked to authorize the Hospital to conduct a drug screen test as a requirement of employment.
- Appointment to a position is contingent upon a negative drug test result.
- The Hospital will decline to extend a final offer of employment if I have a confirmed positive test result and I may not reapply to the Hospital for a period of six months.

Signature: _____ Date: _____

DIRECT DEPOSIT ACKNOWLEDGEMENT

As a condition of employment, I understand I am required to participate in the direct deposit program. I acknowledge I have 120 days to sign up for this program as described in Columbia Memorial Hospital Policy 8610-657.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE NOTICE

Columbia Memorial Hospital wishes to obtain a consumer report on you from consumer reporting agencies including, but not limited to OPENonline for employment purposes. The consumer report may include information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Information obtained in consumer reports may include criminal background information, motor vehicle driving history, prior employment, military service, credit history and educational records. This report will be obtained for employment purposes only.

Please sign this form below, indicating your authorization for Columbia Memorial Hospital to conduct a background record check and obtain a consumer report at any time prior as may be applicable to you. In the event that Columbia Memorial Hospital considers any information in the consumer report when making an adverse employment related decision affecting you, you will be provided with information regarding the consumer reporting agency, a copy of the consumer report and a copy of your rights under the Fair Credit Reporting Act (FCRA), before the decision is finalized.

BACKGROUND RECORD CHECK AUTHORIZATION

Only upon an offer of employment will a Background Record Check be conducted.

I, _____ (APPLICANT'S NAME), voluntarily authorize Columbia Memorial Hospital to conduct a background record check for employment purposes in connection with my application for employment with Columbia Memorial Hospital. I specifically authorize Columbia Memorial Hospital to obtain consumer reports from consumer reporting agencies but not limited to OPENonline for employment purposes. I understand I have rights under FCRA as indicated above.

Signature _____ Date _____

Social Security No _____ Date of Birth _____

Address (include mailing address if different than street) _____