

**PORTLAND HOSPITAL SERVICE CORP.**

18440 N.E. Portal Way - Portland, OR 97230

Phone: (503) 328-1300 - Fax: (503) 328-1331

EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION

Full Legal Name	_____	Home Phone ()
	Last First Middle	
Address	_____	Alternate Phone ()
	Street	

	City State Zip	

EMPLOYMENT INFORMATION

Position Applied For _____ Salary Desired _____

I understand that an offer of employment and my continued employment with PHSC are contingent upon satisfactory proof of my authorization to work in the United States. **Please initial:** _____Have you ever been employed by or previously applied for a position with PHSC? ☐ Yes ☐ No

If yes, please give dates: _____

How were you referred to the company? _____

Check which shift you will accept: ☐ Shift Work ☐ Rotating ☐ Weekends ☐ OvertimeCheck which job status you will accept: ☐ Full-time ☐ Part-time ☐ TemporaryWhen will you be available to begin work? ☐ Immediately ☐ Specific date: _____**EDUCATION AND TRAINING**

Name and Location of Institution	Type of School	Graduated	Major or Specialty	Minor	Type of Degree
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Foreign Languages (including English):	1. _____	READ	WRITE	SPEAK
	2. _____	READ	WRITE	SPEAK

SECURITY DATAHave you been convicted of a felony in the last five years? ☐ Yes ☐ No

If yes, please briefly describe the circumstances indicating the dates, disposition, nature and place of the case. _____

EMPLOYMENT EXPERIENCE

Please list employment information for the past seven years. Include US Military experience:

Position	_____	Duties:	_____
Employer	_____		_____
Address	_____		_____
	_____		_____
	Phone _____		_____
Salary (start)	_____ (finish) _____	Reason for leaving	_____
Dates (mo/yr)	_____ to (mo/yr) _____		_____

Position	_____	Duties:	_____
Employer	_____		_____
Address	_____		_____
	_____		_____
	Phone _____		_____
Salary (start)	_____ (finish) _____	Reason for leaving	_____
Dates (mo/yr)	_____ to (mo/yr) _____		_____
Position	_____	Duties:	_____
Employer	_____		_____
Address	_____		_____
	_____		_____
	Phone _____		_____
Salary (start)	_____ (finish) _____	Reason for leaving	_____
Dates (mo/yr)	_____ to (mo/yr) _____		_____

Do you have any objections to us contacting your present employer? ☐ Yes ☐ No

If yes, please specify when we may contact them (i.e. after acceptance of offer or specific date): _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I AUTHORIZE THE PERSONS, SCHOOLS, CURRENT EMPLOYER (IF APPROVED BY MYSELF IN ABOVE SECTION) AND ANY OTHER AGENCIES, ORGANIZATIONS, OR PAST EMPLOYERS NAMED IN THIS APPLICATION TO PROVIDE PHSC WITH ANY RELEVANT INFORMATION THAT MAY BE REQUIRED TO ARRIVE AT AN EMPLOYMENT DECISION.

I UNDERSTAND, AGREE AND CERTIFY THAT THIS **APPLICATION WAS COMPLETED BY ME** AND THAT ALL ENTRIES ON IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND IS SUBJECT TO VERIFICATION BY PHSC.

A MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT OR, IF EMPLOYED TERMINATION BY THE COMPANY.

ALTHOUGH MANAGEMENT MAKES EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES, BUSINESS NEEDS AT TIMES MAKE THE FOLLOWING CONDITIONS MANDATORY: OVERTIME, SHIFT WORK, A ROTATING SCHEDULE, OR A WORK SCHEDULE OTHER THAN MONDAY THROUGH FRIDAY. I UNDERSTAND AND EXCEPT THESE CONDITIONS OF MY CONTINUING EMPLOYMENT.

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MYSELF AND PHSC FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF BENEFITS. NO PROMISES REGARDING CONTINUED EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS MADE IN WRITING.

PLEASE SIGN HERE: _____ **DATE:** _____

PHSC does not discriminate, hire or employ on the basis of race, color, religion, national origin, sex, age, disability or veteran status. No question on this application is intended to secure information to be used for such discrimination. If you are a qualified veteran and would like to be considered under the company’s Affirmative Action Program, please inform us.

THIS APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR 6 MONTHS