

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

To Applicant: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

This facility is an equal opportunity employer. Employment, educational opportunities, and promotions in all job classifications are without regard to race, color, creed, sex, age, national origin, religion, disability, or military status.

### Instructions to Applicant:

1. You must fully and accurately complete the Application for employment. Incomplete applications will not be considered.
2. The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Last Middle First

Address: \_\_\_\_\_  
Address City State Zip

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ / \_\_\_\_\_

Full-time  Part-time  On-call  Temporary  Student/Shadow Desired Rate of Pay: \_\_\_\_\_

Which shifts are you willing to work? \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ Holidays

### EDUCATION / TRAINING

Name of School	Type of Degree	Years Completed (circle one)
High School	Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No	9    10    11    12
College/University	Degree/area of study	1    2    3    4
Trade/Tech School	Degree/area of study	1    2    3    4
Graduate/Professional	Degree/area of study	Education Credits/Years

### PROFESSIONAL

Current Professional License (Type)	Year	State	License Number

Seminars/Other:

Please describe any specialized training, apprenticeships, skills or extra-curricular activities you feel qualifies you for the position(s):

**EMPLOYMENT HISTORY**

Employer	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From                  To	Duties/Functions:
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Address - City - State - Zip	Job Title
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Telephone (      )	Supervisor	Hourly Rate / Salary	Reason for Leaving
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Employer	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Employed From                  To	Duties/Functions:
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For reference purposes, is your educational or employment history listed under another name?  Yes  No If so, what? \_\_\_\_\_

Explain any unemployment periods of two months or more.

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**REFERENCES**

Please list three references with name, address and phone number.

Name	Occupation	Address	Phone
Name	Occupation	Address	Phone
Name	Occupation	Address	Phone

**GENERAL INFORMATION**

Indicate, if any, languages other than English you speak, read or write:

	Fluently	Good	Fair
Speak			
Read			
Write			

Who referred you to this facility?  Employee If so, Name: \_\_\_\_\_

Friend / Relative If so, Name: \_\_\_\_\_

Walk-in

Advertisement If so, Where: \_\_\_\_\_

Have you been employed with this hospital or clinic before?  Yes  No If yes, when?: \_\_\_\_\_

Are you over 18?  Yes  No

Can you, if hired, submit verification of your legal right to work in the U.S.?  Yes  No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986.

Do you have a record of founded child or dependent adult abuse?  Yes  No

Have you ever been convicted of a crime in this state or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded  Yes  No

If yes, please explain: \_\_\_\_\_

*(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**DOCUMENT TERMS AND CONDITIONS**

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize the Hawarden Regional Healthcare to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Hawarden Regional Healthcare, my current and former employers, and all other persons corporations, partnerships and associations from any and all \_\_\_\_\_ claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer may be contingent on my passing a Post Offer physical and drug screen. By signing this application, I voluntarily agree to submit to a Post Offer physical and drug screen upon request. \_\_\_\_\_ I understand that failure to pass the physical and drug screen will result in withdrawal of the employment offer.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is not intended to create an employment contract, implied or explicit, between me and Hawarden Regional Healthcare. In addition, I understand and agree that if I am employed, my employment relationship with Hawarden Regional Healthcare is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Hawarden Regional Healthcare, and that no promises or representations contrary to the forgoing are \_\_\_\_\_ binding on Hawarden Regional Healthcare unless made in writing and signed jointly by the Administrator and myself.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Hawarden \_\_\_\_\_ Regional Healthcare benefits, policies and procedures will not alter our at-will and arbitration agreements.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my \_\_\_\_\_ identity and legal right to work in the United States on my first day of employment.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a \_\_\_\_\_ current and valid state driver's license and understand that I may be required to provide a copy of my official driving record and proof of insurance.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or \_\_\_\_\_ misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Application copied & referred to department director. \_\_\_\_\_ Yes \_\_\_\_\_ No

Rejection: \_\_\_\_\_

Interviewed: \_\_\_\_\_

Background Checked: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

References Checked: \_\_\_\_\_

Photo / ID Badge: \_\_\_\_\_

Pay Scale: \_\_\_\_\_ - \_\_\_\_\_

Proposed ROP: \_\_\_\_\_

Official Start Date: \_\_\_\_\_

Misc Notes: \_\_\_\_\_

Offered Position: \_\_\_\_\_

Computer request: \_\_\_\_\_

\_\_\_\_\_

Pre-Employment PX: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offer Letter Mailed: \_\_\_\_\_

\_\_\_\_\_