

Hawarden Community Hospital

1111-11th Street - Hawarden, IA 51023 - Phone: (712) 551-3102 - Fax: (712) 551-3106



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.

APPLICANT INFORMATION

Name: _____
Last Middle First

Address: _____

Telephone: _____ Social Security Number: _____

Position(s) applied for: _____ / _____

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

EDUCATION / TRAINING

Name of School	Type of Degree	Years Completed (circle one)			
High School	Diploma Received ___ Yes ___ No	9	10	11	12
College/University	Degree	1	2	3	4
Trade/Tech School	Degree	1	2	3	4
Graduate/Professional	Degree	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"/>	Dates Employed	Duties/Functions:	
		From To		
Address - City - State - Zip			Job Title	
Telephone	Supervisor	Hourly Rate / Salary	Reason for Leaving	
()				
Employer	May we Contact? <input type="checkbox"/>	Dates Employed	Duties/Functions:	
		From To		
Address - City - State - Zip			Job Title	
Telephone	Supervisor	Hourly Rate / Salary	Reason for Leaving	
()				
Employer	May we Contact? <input type="checkbox"/>	Dates Employed	Duties/Functions:	
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		From To		
Address - City - State - Zip			Job Title	
Telephone	Supervisor	Hourly Rate / Salary	Reason for Leaving	
()				

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.

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

An application blank may make it difficult for you to adequately summarize your background. To assist us in finding the proper position for you with this facility, use the space below to summarize any additional information necessary to describe your full qualifications for employment or future promotion. You may also include a copy of your resume.

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?: _____

If you are employed and under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime? Yes No

Have you in the last 10 years been convicted of a felony (excluding any sealed or expunged convictions)? 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 Community Hospital 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 Community Hospital, 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 pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment physical upon request. I understand that failure to pass the physical 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 intended to create an employment contract, implied or explicit, between me and Hawarden Community Hospital. In addition, I understand and agree that if I am employed, my employment relationship with Hawarden Community Hospital 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 Community Hospital, and that no promises or representations contrary to the forgoing are binding on Hawarden Community Hospital 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 Community Hospital 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:

Test Source: _____

Background Checked: _____

Orientation Date: _____

Interview: _____

References Checked: _____

Notify Dee/Jackie: _____

Job Description: _____

Proposed ROP: _____

Official Start Date: _____

Pay Scale: _____ - _____

Offered Position: _____

Order Name Badge: _____

Pre-Employment PX: _____

Novell Password: _____

Offer Letter Mailed: _____

Nelson Password: _____