Application for Employment Humboldt County Memorial Hospital

Please print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_(\_\_\_\_)\_\_\_\_­\_\_\_\_ Mobile/Beeper/Other Phone # \_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit?....................................... □ Yes □ No

If no, Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_

Have you ever been employed here before?........................................................................................... □ Yes □ No

Are you legally eligible for employment in this country?.......................................................................... □ Yes □ No

Date available for work…………………………………………………………………………………………………………. \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Type of employment desired □ Full – Time □ Part – Time □ Temporary □ Seasonal □ Educational Co-Op

Are you able to meet the attendance requirements for the position?....................................................... □ Yes □ No

Have you been convicted of a crime in the last seven (7) years?................................................................ □ Yes □ No

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

COVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLINATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver’s license number if driving is essential for job function\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FROM | TO | | EMPLOYER | TELEPHONE  ( ) |
| JOB TITLE | | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | | SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
|  | | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY  START $\_\_\_\_\_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| FROM | TO | | EMPLOYER | TELEPHONE  ( ) |
| JOB TITLE | | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | | SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
|  | | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY  START $\_\_\_\_\_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| FROM | TO | | EMPLOYER | TELEPHONE  ( ) |
| JOB TITLE | | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | | SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
|  | | | | |
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| FROM | TO | | EMPLOYER | TELEPHONE  ( ) |
| JOB TITLE | | | ADDRESS | |
| IMMEDIATE SUPERVISOR | | | SUMMERIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
|  | | | | |
| REASON FOR LEAVING | | HOURLY RATE/SALARY  START $\_\_\_\_\_\_\_\_\_\_\_\_ PER\_\_\_\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job- related functions in the position for which you are applying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Background IF JOB RELATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME AND LOCATION | YEARS | DID YOU GRADUATE | | COURSE OF STUDY |
| HIGH SCHOOL |  |  | |  |
| COLLEGE |  | MAJOR | DEGREE |  |
| OTHER |  |  | |  |

Reference

|  |  |  |
| --- | --- | --- |
| NAME | TELEPHONE | YEARS KNOWN |
|  | ( ) |  |
|  | ( ) |  |
|  | ( ) |  |

I UNDRSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OF MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER’S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMTAION FROM ALL REFRENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMTAION CONTAINED IN THIS APPLICATION. I HERBY RELEASE FROM LIABILTY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTIONS ON THIS APPLICATION IS USED FOR THE PUPOSE OF LIMITING OR EXCUSING AND APPLICANT FORM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FORM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILLOUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDRSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN ANY AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY’S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILTY BECAUSE OF THAT PERSON’S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

Applicants must be informed (per July1, 1994 Iowa Department of Inspections and Appeals) that a recorded check may be conducted. Your signature below acknowledges that you are aware of the fact that a record check may be conducted on you by the Humboldt County Memorial Hospital.

DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE OR HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS STATE OR AN OTHER STATE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_