

Continue *CARE* Hospital

Application for Employment

*An Equal Employment Opportunity Employer
A Smoke and Drug Free Workplace*
Applicants receive consideration without regard to race, religion, color, sex, age, national origin, disability, veteran status, or any other legally protected status

IMPORTANT: Please read carefully and answer ALL questions. Fill out the work history portion and include employment for the past seven (7) years. Resumes may be added to COMPLETED application.

PERSONAL					
Last Name	First Name	MI	Maiden or Other Names Used	Social Security Number	
Street Address		Apt #	City	State	Zip Code
Home Phone			Alternate Phone		
E-Mail Address					
Employment Desired	1 st Choice		2 nd Choice		Salary Requirement:
	Would You Accept:	<input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Any <input type="checkbox"/> Part Time <input type="checkbox"/> Weekend Only	Shifts You Can Work:	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Any Shift <input type="checkbox"/> Evening Shift <input type="checkbox"/> Rotating	
Are you a previous employee of a ContinueCARE Hospital? Month and year employed: _____ Under what name? _____				Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and relationship and facility name: _____				<i>(Includes spouse, children, parents, in-laws, siblings, legal dependents, members of the same residence, or any person who fulfills an immediate family role for you.)</i>	
Were you referred by a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, employee name: _____					
Do you have the legal right to work in the United States in the job for which you are applying? (Proof of eligibility to work in the United States) <input type="checkbox"/> Yes <input type="checkbox"/> No				Date available for work: _____	
Have you ever been convicted of or received deferred adjudication for any criminal offense, other than minor traffic violations? If yes, please explain: (A conviction will not necessarily disqualify you from employment) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been excluded, suspended, or debarred from, or otherwise declared ineligible to provide services in the Medicare or Medicaid programs, or any other federally-funded health care program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate dates of service: From: _____ To: _____ Branch: _____			
EDUCATION					
Circle Highest Grade Completed	School Name/City and State	Major/Minor	Did You Graduate?	Graduation Date	Degree Received
High School			Yes		
1 2 3 4			No		
Business/Trade/Technical			Yes		
			No		
Undergraduate College/University			Yes		
1 2 3 4			No		
Graduate College/University			Yes		
			No		
Graduate College/University			Yes		
			No		
Other			Yes		
			No		

SKILLS INFORMATION

Check all skills that apply to you:

- Calculator
 Transcription
 Cash Register
 Dictaphone
 Medical Terminology
- Computer Keyboard: WPM: _____
- Heavy Equipment (specify) _____
- Other (specify) _____

Software	Proficiency Level			# Years of Experience
	Beginner	Intermediate	Advanced	
<input type="checkbox"/> Database Management (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Desktop Publishing (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Graphic Software (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Spreadsheet (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Word processing (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Other (type) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

LICENSURE-REGISTRATION-CERTIFICATION INFORMATION

Please list any professional licenses, registrations, or certifications which have been issued to you:

Name of License, Registration, Certification	State	Number	Year Issued	Current?		Expiration Date
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If currently eligible for license, registration, or certification please indicate status and date here:

Has your license, registration, or certification in this state or another state been suspended, limited, revoked or subjected to disciplinary action:

Yes No

If yes, please explain:

Additional Certifications:

CPR: _____ BLS: _____ ACLS: _____ BLS Instr. _____

Expiration Date
Expiration Date
Expiration Date
Expiration Date

PROFESSIONAL MEMBERSHIP INFORMATION

Please list any professional organization to which you subscribe or are a member:

1. _____
2. _____
3. _____

FOREIGN LANGUAGE INFORMATION

Please list any foreign language skills in which you are fluent:

Language: _____ Speak Read Write
 Language: _____ Speak Read Write

WORK HISTORY

List previous employers for whom you have worked over the ***last seven years***, beginning with the most recent employer. List any other employment that reflects experience related to the job for which you are applying. Resumes may be added, **but do not replace the completed work history section.**

IF YOU NEED ADDITIONAL SPACE FOR THIS SECTION COPY THIS PAGE.

Current or most recent Company Name:		Telephone Number ()
Address (include City, State, and Zip Code):		Employed (month and year) From / To /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay: \$
Your Job Title and Primary Duties:		
Reason for Leaving:	May we contact this employer prior to extending an offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		
Company Name:		Telephone Number ()
Address (include City, State, and Zip Code):		Employed (month and year) From / To /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay: \$
Your Job Title and primary duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		
Company Name:		Telephone Number ()
Address (include City, State, and Zip Code):		Employed (month and year) From / To /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay: \$
Your Job Title and primary duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr/>		
Company Name:		Telephone Number ()
Address (include City, State, and Zip Code):		Employed (month and year) From / To /
Name of Supervisor:	Supervisor's Title	Beginning Pay: \$ Ending Pay: \$
Your Job Title and primary duties:		
Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL REFERENCES

Please list two (2) business/professional references (not relatives or co-workers):

	Name	Address	City	State	Telephone
1.					
2.					

APPLICANT ACKNOWLEDGEMENTS

I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, I ACKNOWLEDGE AND UNDERSTAND THAT:

- Any misstatement or omission of fact on this application may result in my dismissal;
- I must submit acceptable evidence of my right to work in the United States;
- Our facilities are non-smoking facilities and smoking is prohibited on hospital property.
- Our facilities are drug and alcohol free workplaces. I must take and pass a pre-employment drug test that screens for illegal drugs and controlled substances; remain free of illegal drugs, alcohol and abusive levels of prescription drugs at work; and comply with the Drug and Alcohol Use/Abuse policy.
- I will be required to comply with all hospital policies and procedures.
- I authorize this application to be viewed by any affiliated hospitals.
- I am required to report any known or suspected practices that may violate state or federal law, including but not limited to Medicare fraud and abuse. I also understand that I am required to report such conduct to the Administrator.
- I understand that ContinueCARE Hospital is an employer at will, which means that my employment is not for definite term and that either the hospital or I will have the right to terminate the employment relationship at any time, with or without cause or notice. I also understand that this status can only be altered by a written contract of employment that is specific as to all material terms and is signed by the President of ContinueCARE Hospital and myself.
- Upon termination, to return in good condition any hospital property issued to me or to allow for the value of same, plus any outstanding hospital accounts, to be deducted from my wages.
- I hereby authorize ContinueCARE Hospital to confirm the information that appears in my application for employment and authorize all former employers, universities or colleges, references, credit and government agencies, or other persons, firms, corporations and institutions to provide such information to ContinueCARE Hospital without delay.

As required by the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application of employment. A consumer report may consist of employment records, educational verification, licensure verification, driving history, previous addresses and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

If you are denied employment, either wholly or partly, because of the information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such a report.

Signature of Applicant

Date of Application

SOURCE INFORMATION

The following information is requested to assist us in assessing the effectiveness of our recruiting activities. Your cooperation is appreciated. How did you learn about this job? PLEASE CHECK ONLY ONE:

<input type="checkbox"/> Local Newspaper	<input type="checkbox"/> Web Site	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> Job Posting	<input type="checkbox"/> Word of Mouth/Reputation	<input type="checkbox"/> Walk-In
<input type="checkbox"/> TV/Radio Announcement	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Internet
<input type="checkbox"/> Referred by Friend/Relative	<input type="checkbox"/> Referred by Patient/Patient's Family	
<input type="checkbox"/> Other Newspaper	(Name) _____	
<input type="checkbox"/> Job Fair/Career Day	(Name) _____	
<input type="checkbox"/> School	(Name) _____	
<input type="checkbox"/> External Recruiting Agency	(Name) _____	
<input type="checkbox"/> Professional Association/Conference	(Name) _____	
<input type="checkbox"/> Professional /Trade Journal or Magazine	(Name) _____	
<input type="checkbox"/> Other	(Name) _____	