



DECATUR COUNTY GENERAL HOSPITAL

EMPLOYMENT APPLICATION

DECATUR COUNTY GENERAL HOSPITAL IS AN EQUAL OPPORTUNITY EMPLOYER

This application is not an employment contract and does not imply an offer or availability of any position. It is important to answer all questions and complete the entire application. **PLEASE PRINT.**

Position applying for _____ Date _____

Name (Print) _____
 Last First Middle

Current Address _____
 Street City State Zip

Home Phone _____ Cell Phone _____

Position Desired: Full time Part time PRN
 Availability: Days Week days Nights Weekends
 Mon Tue Wed Thur Fri Sat Sun

Salary desired _____ Are there specific times you cannot work? _____
 If hired, on what date would you be available? _____

How were you referred to us?
 Own Initiative Newspaper (Name) _____ Other _____

Are you legally eligible for employment in the United States? Yes No

Are you currently employed? Yes No

Are you under 18 years of age? Yes No

Have you ever been employed by Decatur County General Hospital? Yes No If yes, when? _____

Do you have any relatives that work for this hospital? No Yes: _____

Do you currently have any type of contract with another employer? Yes No

If yes, please explain: _____

EDUCATION

Type of School	Name of School	Location (Complete address)	Number of years completed	Major & Degree
High School			9 10 11 12	<input type="checkbox"/> Graduate <input type="checkbox"/> GED
College			1 2 3 4	Degree:
Graduate School or other training				
Vocational or Business School				

PROFESSIONAL LICENSES AND CERTIFICATIONS

Type of License	License #	State	Expiration

List experience, training, education, skills or qualifications related to the position for which you are applying:

Typing _____ WPM

Medical Terminology

Medical Transcription

Medical Coding

Secretarial / Admin. Assistant

Microsoft Word

Microsoft Excel

Computer Software

Accounting / Bookkeeping

Patient Care

Supervision

Mechanical / Electrical

Other skills, organization memberships, training you consider relevant to the position you are applying for: _____

Have any of your Professional Licenses been revoked, suspended, limited, or not renewed in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever been convicted, pled guilty or pled "No Contest" to any violation of the law other than for a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever been refused a bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever been asked to resign from an employment position or been dismissed, fired, or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have your clinical privileges ever been revoked, suspended, reduced, limited, voluntarily surrendered or not renewed in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever been denied professional liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have any professional liability suits or claims ever been filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has any malpractice claim ever resulted in a settlement or judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

If yes to any of the above questions, please explain: _____

PERSONAL REFERENCES (not relatives, and do not live with you)

Name	Address	Business/Position	Telephone

EMPLOYMENT HISTORY

List accurate, complete full-time and part-time employment record (most recent first). Account for all time periods including unemployment and military service. If work experience has not been continuous, please explain. Incomplete applications will not be considered. Use additional page, if needed. ****This section must be completed in full in addition to any attached resume.***

May we contact your current employer? Yes No

1	Most Recent Employer:		Address:		
	Job Title:		Telephone:		Supervisor:
	Dates Employed:		Starting/Ending Salary		Employment Status:
	From:	To:	Starting:	To:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> PRN
Responsibilities:			Reason for leaving:		
2	Employer:		Address:		
	Job Title:		Telephone:		Supervisor:
	Dates Employed:		Wages/Salary		Employment Status:
	From:	To:	Starting:	To:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> PRN
Responsibilities:			Reason for leaving:		
3	Employer:		Address:		
	Job Title:		Telephone:		Supervisor:
	Dates Employed:		Wages/Salary		Employment Status:
	From:	To:	Starting:	To:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> PRN
Responsibilities:			Reason for leaving:		
4	Employer:		Address:		
	Job Title:		Telephone:		Supervisor:
	Dates Employed:		Wages/Salary		Employment Status:
	From:	To:	Starting:	To:	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> PRN
Responsibilities:			Reason for leaving:		

APPLICANT'S STATEMENT

I am able to perform the primary functions of the position I am applying for with or without reasonable accommodations. (If the applicant has not been provided a Job Description for the position they are applying for, it is their responsibility to request one.)

I certify that the information given by me in this application is complete and accurate in all respects and without omissions. I authorize the investigation of all information provided in this application concerning previous employment and any other pertinent information, personal or otherwise, and release all parties from any liability that may result from providing such information. I understand that any misstatement, falsification, misrepresentation (including omissions) contained within this application will be considered grounds for denial of employment or for termination of employment if discovered after hire. I acknowledge that employment is being considered only on an at-will basis and am seeking employment on that basis. I understand and that both the hospital and I have the right to terminate employment at any time with or without reason.

If a job offer is made, I agree to submit to a pre-employment drug screen and physical examination, and further at any time requested during employment. I understand that any job offer will be contingent upon passing pre-employment screenings and job-related physical examination. I further understand that if offered employment, I will be required to provide proof of eligibility for employment in the United States within three (3) days of hire.

If hired, I agree to conform to all existing and future hospital policies and procedures. I further acknowledge that the hospital reserves the right to revise, add or withdraw policies and procedures as it deems necessary with or without prior notice.

I understand that this application will be kept on active file for 90 days from the date completed, after which time I would need to resubmit a completed application to be considered for employment.

(Signature of Applicant)

(Date)

Please list **all** other names used in **any** education or employment:

