

**Belmond Medical Center
403 1st St SE
Belmond, IA 50421**

Employment Application

NAME _____
POSITION DESIRED _____
DATE _____
INDEX # _____

For Office Use Only

We do not discriminate against persons in our employment practices because of race, color, sex, religion, age, national origin, or disability. We support all federal and state legislation regarding the absence of discrimination.

Name _____ Phone (____) _____
First Middle Last Area Number

Present Address _____
Street City State Zip

List any other name(s) by which you have been known by previous employer(s) or educational institution(s): _____

Social Security Number _____ Are you 18 or over? Yes No

For applicants applying Do you have a Yes License Number _____
 for a position which valid driver's
 involves driving license? No In what state? _____

Do you have proof of Auto Insurance Coverage? Yes _____ No _____

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded health care programs?
 Yes _____ No _____ If yes, please explain _____

Do you have a record of founded child or dependent adult abuse? Yes _____ No _____, if Yes please explain _____

Have you ever been convicted of a crime in this state or any other state? Yes _____ No _____, if Yes please explain _____

JOB INTERESTS

Position desired _____ Date available _____

Alternate choice _____ Full-time Part-time Contingent Temp

If part-time, how many hours per week? _____ Summer _____

Please circle the days you are willing to work S M T W T F S

What shifts can you work? Days _____ Evenings _____ Nights _____ Holidays _____

What is your expected starting salary? _____

Have you ever been employed by this organization before? Yes _____ No _____ If yes, when? _____

List the name and relationship of any relative currently employed by this organization _____

How did you hear about the position? Employment Agency Job Posting Job Line Job Fair
 Friend Walk-in Internet Other
 _____ Advertisement (Please list publication)

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.

EDUCATIONAL RECORD

School	Name and Address Of School	Course of Study	(Optional) Years Attended From To	Circle Last Year Completed	Did You Graduate?	Degree/ Diploma
Post High School (i.e. College, School of Nursing, Vocational, Technical School, Graduate level)				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Academic honors or special recognition _____

Have you ever served as a volunteer? Yes _____ No _____ If yes, please explain where and when you volunteered, what skills you used and what jobs you performed _____

Are you presently employed? Yes _____ No _____

1. Present or most recent Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER			
			Street		() -			
			City State					
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY		FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED							
	From _____ Mo. Yr.							
	To _____ Mo. Yr.							
	REASON FOR LEAVING							
	MAY WE CONTACT THIS EMPLOYER? _____ Yes _____ No							

2. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER			
			Street		() -			
			City State					
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY		FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED							
	From _____ Mo. Yr.							
	To _____ Mo. Yr.							
	REASON FOR LEAVING							
	MAY WE CONTACT THIS EMPLOYER? _____ Yes _____ No							

3. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER			
			Street		() -			
			City State					
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY		FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED							
	From _____ Mo. Yr.							
	To _____ Mo. Yr.							
	REASON FOR LEAVING							
	MAY WE CONTACT THIS EMPLOYER? _____ Yes _____ No							

4. Next Previous Employer	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER			
			Street		() -			
			City State					
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY		FINAL SALARY	
	DESCRIPTION OF WORK PERFORMED							
	From _____ Mo. Yr.							
	To _____ Mo. Yr.							
	REASON FOR LEAVING							
	MAY WE CONTACT THIS EMPLOYER? _____ Yes _____ No							

ADDITIONAL INFORMATION

If applicable, list all professional licensure information:

Profession _____ State Issued _____ Number _____ Expiration Date _____

Profession _____ State Issued _____ Number _____ Expiration Date _____

If applicable, list all professional registration/certification information:

Organization/Profession _____ Number _____ Expiration Date _____

Organization/Profession _____ Number _____ Expiration Date _____

If applicable, please list any other professional credentials that you feel would relate to the position(s) for which you are applying

(i.e. ACLS, BCLS, CPR): _____

Please list any technical skills or knowledge you possess which are related to the position(s) for which you are applying (i.e., equipment, software, medical terminology): _____

If applicable, present level of typing _____ w.p.m.

Please state any additional information you believe would be important in considering your application. _____

REFERENCES

Give Name(s) of person(s) we may contact to verify your qualifications for the position		
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address
Name	Occupation	Organization
Relationship	Telephone Number	Address

PLEASE READ AND SIGN

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization's review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks.

I understand employment at this organization is "at will," which means employment may be terminated by the employee or by this organization at any time, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the organization may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

I hereby agree that if I become employed by this organization I consent to the release of all my future educational records involving classes, coursework, seminars and all other educational programs in which I am enrolled or attend and for which a portion or all of the enrollment fee or tuition will be paid by this organization to an accredited higher education institution. This consent will be effective on my date of employment and until I specifically revoke it in a signed and dated writing delivered to the higher education institution.

Date _____ Applicant's Signature _____