



EMPLOYMENT APPLICATION

211 Shellway Drive
Mount Ayr, IA 50854
641-464-3226

Name First Middle Last Phone Area Number

Present Address Street City State Zip

List any other names(s) by which you have been known by previous employer(s) and/or educational institutions:

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

For applicants applying for a position which requires driving Do you have a valid driver's license? License number? 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 healthcare programs? Yes No If yes, please explain.

Do you have a record of founded child or dependent child 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

Full time Part-time regular Part time Temporary

Shift Preference Day Evening Night Open

What is your expected starting salary?

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

How did you hear about this 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 United States? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration and Reform Act of 1986.

Ringgold County Hospital is an equal opportunity employer. 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.

ARE YOU PRESENTLY EMPLOYED? Yes ___ No ___

1. Present or most recent employer Employment Dates From _____ Mo. Yr. To _____ Mo. Yr.	NAME OF EMPLOYER		ADDRESS Street _____ City _____ State ___ Zip _____		TELEPHONE NUMBER () -
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY
	DESCRIPTION OF WORK PERFORMED				
	REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? Yes No

2. Next recent employer Employment Dates From _____ Mo. Yr. To _____ Mo. Yr.	NAME OF EMPLOYER		ADDRESS Street _____ City _____ State ___ Zip _____		TELEPHONE NUMBER () -
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY
	DESCRIPTION OF WORK PERFORMED				
	REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? Yes No

3. Next recent employer Employment Dates From _____ Mo. Yr. To _____ Mo. Yr.	NAME OF EMPLOYER		ADDRESS Street _____ City _____ State ___ Zip _____		TELEPHONE NUMBER () -
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY
	DESCRIPTION OF WORK PERFORMED				
	REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? Yes No

4. Next recent employer Employment Dates From _____ Mo. Yr. To _____ Mo. Yr.	NAME OF EMPLOYER		ADDRESS Street _____ City _____ State ___ Zip _____		TELEPHONE NUMBER () -
	YOUR POSITION		LAST SUPERVISOR		STARTING SALARY
	DESCRIPTION OF WORK PERFORMED				
	REASON FOR LEAVING				

MAY WE CONTACT THIS EMPLOYER? Yes No

EDUCATIONAL RECORD

School	Name and address of school	Course of study	Last year completed	Did you graduate?	Degree/Diploma
Post high school (i.e. college, school of nursing, vocational, technical, or graduate level)			1__ 2__ 3__ 4__	Yes__ No__	
			1__ 2__ 3__ 4__	Yes__ No__	
			1__ 2__ 3__ 4__	Yes__ No__	
			1__ 2__ 3__ 4__	Yes__ No__	
High school			9__ 10__ 11__ 12__	Yes__ No__	

Academic honors or special recognition _____

Have you ever served as a volunteer? Yes__ No__ If yes, please explain where you volunteered, what skills you used, and what jobs you performed. _____

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 certification/registration 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 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, please state 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		
1. Name	Occupation	Organization
Relationship	Telephone Number	Address
2. Name	Occupation	Organization
Relationship	Telephone Number	Address
3. 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 of 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 program 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 _____ Type name here as a digital signature _____

FOR COMPLETION BY MANAGEMENT STAFF

Job Title _____

Department _____

Full Time _____ Regular Part Time _____ Part Time _____ Temporary _____

Shift/Work Hours _____

Start Date _____ Rate of Pay _____

Total Hours/pay period _____

Weekend rotation (if applicable) _____

Pay Configuration: _____ Overtime: _____

Exempt _____ Non-exempt _____ 8/80 _____ Over 40 _____

10 Hr. Day _____ 12 Hr. Day _____

Department Head _____

Signature

Date

Personnel _____

Signature

Date