

Henry Community Health

1000 N. 16TH STREET

P.O. BOX 490

NEW CASTLE, IN 47362

Recruitment Coordinator: (765) 521-1372

FAX: (765) 521-1480

www.hchcares.org

EMPLOYMENT APPLICATION

Henry Community Health offers equal employment opportunities to all persons without regard to race, religion, age, sex, color, national origin, ancestry, disability, uniformed service, or other legally protected status. No question on this application is intended to secure information to be used to discriminate on these bases.

Please read carefully and answer all questions. Answer all questions fully, honestly and completely. If a question does not apply to you, print "N/A" (which means "not applicable"). Failure to follow these instructions will be considered in making employment decisions. Any false, misleading or incomplete answers may result in immediate disqualification of consideration for employment or termination of subsequent employment.

The use of this form does not obligate HCH in any way. Applications will be kept for current open positions only.

PERSONAL DATA					
LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME/ NICKNAME	TODAY'S DATE	
EMAIL	SOCIAL SECURITY NUMBER				
CURRENT ADDRESS (NUMBER & STREET)		COUNTY	HOW DID YOU FIND OUT ABOUT THIS POSITION?		
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS		
			HOME	CELL ALT PHONE	
LIST ALL RELATIVES WHO WORK FOR THE HOSPITAL (NOTE: The employment of a relative is not a qualification for employment and will not result in preference in employment).					
NAME	RELATIONSHIP		DEPARTMENT		
If you are under 18, do you have a work permit?				Yes	No
Do you have, or will you have at the beginning of your employment (if hired), the legal right to remain and work in the United States?				Yes	No
Do you hold a professional registration, license, or certification? If yes, Type(s) _____ State(s) _____ Number(s) _____ Expiration Date(s) _____				Yes	No
Have you ever been employed by Henry Community Health? If yes, From: _____ To: _____ Position: _____ Supervisor: _____ Reason for leaving _____				Yes	No

Have you ever been convicted of or pled guilty or no contest to a felony, misdemeanor or any offense other than a minor traffic violation? (a conviction will not necessarily disqualify you from consideration. However, failure to fully disclose will result in denial or termination of employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any criminal charges now pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had any professional registration, license or certification suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever informally resolved any recommended or potential adverse action involving your professional registration, license, or certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any professional registration, licensure, or certification actions now pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any action been taken against you that excludes or has excluded you from participation in any federal or state government healthcare program, including but not limited to Medicare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been named as a defendant in a civil legal action involving your professional competence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered "yes" to any of these questions, please explain: (use back of form if necessary)		

EMPLOYMENT INFORMATION

Position applying for:	
Shifts you are available to work: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Weekend Option <input type="checkbox"/> Other <input type="checkbox"/> PRN/Summer/Temp <input type="checkbox"/>	
Date you are available to work:	Do you have, or can you obtain reliable transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATIONAL BACKGROUND

SCHOOL	NAME - CITY - STATE	DEGREE	YEAR RECEIVED	MAJOR / COURSE OF STUDY
HIGH SCHOOL				
COLLEGE				
GRADUATE				
TRADE, BUSINESS, CORRESPONDENCE OR VOCATIONAL				
TRADE, BUSINESS, CORRESPONDENCE OR VOCATIONAL				
MILITARY SERVICE				
BRANCH	RANK AT DISCHARGE	DATES OF SERVICE		

EMPLOYMENT HISTORY

***PLEASE COMPLETE ALL INFORMATION, EVEN IF A RESUME IS ATTACHED. List present or most recent employer first, followed by the previous employers. Give a complete record of all employment and reasons for periods of unemployment during the past 10 years.**

Employer:	Dates of employment:
Address:	FROM: TO:
	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Phone No.:		Name/Title of supervisor:		Reason for leaving:	
				Starting pay:	Ending pay:
Job Title/Summarize the nature of the work performed and job responsibilities:					

Employer:		Dates of employment:			
		FROM:		TO:	
Address:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Reason for leaving:			
Employer Phone No.:		Name/Title of supervisor:		Starting pay:	Ending pay:
Job Title/Summarize the nature of the work performed and job responsibilities:					

Employer:		Dates of employment:			
		FROM:		TO:	
Address:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Reason for leaving:			
Employer Phone No.:		Name/Title of supervisor:		Starting pay:	Ending pay:
Job Title/Summarize the nature of the work performed and job responsibilities:					

Employer:		Dates of employment:			
		FROM:		TO:	
Address:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Reason for leaving:			
Employer Phone No.:		Name/Title of supervisor:		Starting pay:	Ending pay:
Job Title/Summarize the nature of the work performed and job responsibilities:					

Employer:		Dates of employment:			
		FROM:		TO:	
Address:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Reason for leaving:			
Employer Phone No.:		Name/Title of supervisor:		Starting pay:	Ending pay:

Job Title/Summarize the nature of the work performed and job responsibilities:

REFERENCES

*You must list at least two references (not related to you) that can comment on your work habits, responsibility, character and conduct.

Name: Years known: Telephone:

Address:

Name: Years known: Telephone:

Address:

Name: Years known: Telephone:

Address:

I hereby voluntarily, in connection with this application, authorize all corporations, companies, educational institutions, persons, police department or law enforcement agencies, military services, former employers and anyone else Henry Community Health (HCH) deems appropriate to contact with regard to this application to release information they may have about me (including but not limited to information relating to my dates of employment, job titles, employment application, performance evaluations, wage or salary history, disciplinary actions, attendance record, and reason for leaving), to HCH or its agents, and I release them and HCH and it's agents from any and all liability for disclosing and/or reviewing such information. I understand that any information acquired may be disclosed to supervisory personnel within HCH and/or others who, in the sole judgment of HCH, may have a legitimate interest in such information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between HCH and me either for employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon HCH unless made in writing by the Chief Executive Officer of HCH. I understand that, if I am hired, I will be an at-will employee, which means that either I or HCH may terminate the employment relationship at any time, with or without cause or notice. I understand that only the Chief Executive Officer of HCH has the right to modify the at-will nature of the employment relationship and that such modification, if made, must be in a written document signed by the Chief Executive Officer and I.

I understand that any offer of employment is contingent on the satisfactory results of a pre-employment medical examination, which may include a test to detect the presence of drugs or alcohol. I authorize the release and disclosure of the results of the medical examination to HCH. I understand that the results of the medical examination may be disclosed to supervisory personnel within HCH and/or others who, in the sole judgment of HCH, may have a legitimate interest in such information.

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge, and I have withheld nothing that would affect the application unfavorably. I understand that false, misleading or incomplete information given on this application or in any subsequent interview(s) may result in immediate disqualification of consideration for employment or termination of subsequent employment.

I agree to take any pre-employment personality, aptitude, and/or skills tests that may be lawfully required by HCH.

I HAVE CAREFULLY READ OVER THIS ENTIRE APPLICATION FOR EMPLOYMENT AND UNDERSTAND FULLY ALL OF ITS CONTENTS AND INSTRUCTIONS. MY TYPED NAME SHALL HAVE THE SAME FORCE AND EFFECT AS MY WRITTEN SIGNATURE.

Signature: _____ Date: _____