



Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) Applied for: _____ Date of Application: _____

How did you learn about us?

- Ad
- Employment Agency
- Facebook
- FCHC Website
- Friend
- Relative
- Walk-In
- Other: _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone No. _____ email _____

If necessary, best time to call you at home? _____ AM PM

May we contact you at work? Yes No

If yes, work number _____ best time to call? _____ AM PM

Have you ever filed an application with us before? Yes No

If yes, give date: _____

Have you ever been employed with us before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Are you legally eligible for employment in this country? Yes No

On what date would you be available for work? _____

Type of employment desired (check all that apply):

- Full Time
- Part Time
- Temporary
- Seasonal
- Educational Co-op
- PRN
- 12 hour day shift
- 12 hour night shift

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Have you ever been bonded? Yes No

Within the last 7 years, have you been convicted of a crime or have you pled guilty or no contest (nolo contendere) to a crime? For purposes of employment with Falls Community Hospital and Clinic, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication), and court ordered restitution. Yes No

If yes, please explain: _____

Educational Background IF JOB RELATED

NAME AND LOCATION	DID YOU GRADUATE?
HIGH SCHOOL _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE _____	Maj.: _____ Deg.: _____ Course of Study: _____
OTHER _____	Course of Study: _____

REFERENCES

NAME _____	Phone Number _____	Years Known: _____
NAME _____	Phone Number _____	Years Known: _____
NAME _____	Phone Number _____	Years Known: _____

Skills and Qualifications

SPECIFY SPEED:

Data Entry: _____ Transcription: _____ Keyboarding: _____ Other: _____

SPECIFY NUMBER OF YEARS EXPERIENCE:

Excel _____ Calculator _____ Transcription Machine _____
Microsoft Word _____ Cash Register _____ Electronic Medical Records _____

SPECIFY NUMBER OF YEARS EXPERIENCE:

Office:

Accounting/Bookkeeping _____ Credits & Collections _____ Insurance _____ Medical Terminology _____

Nursing:

ER _____ PEDI _____ M/S _____ CCU _____ PSYCH _____ ELECTRONIC MEDICAL RECORDS _____
L/D _____ ENDO _____ ICU _____ OR _____ CLINIC _____

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

Employment History

Provide the following information for your past five (5) employers, assignments, or volunteer activities. Starting with the most recent.

From _____ To _____ Employer _____ Phone No. _____
Job Title _____ Address _____
Immediate Supervisor _____ City _____ State _____ Zip Code _____
Supervisor's Title _____ Nature of work _____
Reason for Leaving _____ Starting Pay _____ Ending Pay _____

From _____ To _____ Employer _____ Phone No. _____
Job Title _____ Address _____
Immediate Supervisor _____ City _____ State _____ Zip Code _____
Supervisor's Title _____ Nature of work _____
Reason for Leaving _____ Starting Pay _____ Ending Pay _____

From _____ To _____ Employer _____ Phone No. _____
Job Title _____ Address _____
Immediate Supervisor _____ City _____ State _____ Zip Code _____
Supervisor's Title _____ Nature of work _____
Reason for Leaving _____ Starting Pay _____ Ending Pay _____

From _____ To _____ Employer _____ Phone No. _____
Job Title _____ Address _____
Immediate Supervisor _____ City _____ State _____ Zip Code _____
Supervisor's Title _____ Nature of work _____
Reason for Leaving _____ Starting Pay _____ Ending Pay _____

From _____ To _____ Employer _____ Phone No. _____
Job Title _____ Address _____
Immediate Supervisor _____ City _____ State _____ Zip Code _____
Supervisor's Title _____ Nature of work _____
Reason for Leaving _____ Starting Pay _____ Ending Pay _____

I certify that all information I have supplied on this application is accurate and complete. I understand that any wrong or incomplete information on this application can lead to my not being hired or if I am hired, to my termination from employment, if discovered after hire.

This application is current for only 180 days. If after 180 days, I have not heard from FCHC and I still wish to be considered for employment, I must fill out a new application.

I understand that it is FCHC's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

FCHC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

I understand that nothing in this application, or in any prior or subsequent written or oral statements, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by Falls Community Hospital and Clinic (FCHC), my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of FCHC or myself. I understand that I have the right to end my employment at any time and that FCHC retains that same right. I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by the Administrator of FCHC.

I agree to immediately notify Falls Community Hospital and Clinic if I am convicted or receive deferred adjudication in or otherwise plead guilty or no contest to a felony or any crime involving dishonesty or breach of trust; while, my application is pending or during my period of employment, if hired.

Falls Community Hospital and Clinic does have worker's compensation insurance coverage to protect you from damages because of work-related illness or injury.

Falls Community Hospital and Clinic esta cubierto por asequanza de compensacion al trabajador para protegerlo/la de danos causados por enfermedad o lesiones relacionados a su empleo.

If I am offered a position with FCHC:

1. I understand that I will be required to provide proof of identity and legal work authorization.
2. I give FCHC the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability FCHC and its representatives fro seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.
3. I understand that I am responsible for submitting required official records, transcripts, certificates, and licenses.
4. I understand that a physical examination must be taken and satisfactorily passed prior to reporting to duty.
5. Falls Community Hospital and Clinic is a Drug-Free Workplace. I understand that one of the components of pre-employment medical evaluation is a urine screen for drugs. I further understand that failure to consent to this urine drug screen will be considered withdrawal of my application for employment.
6. I understand that I WILL be required to provide a urine sample for drugs/alcohol for any on-the-job injury or accident (as defined in the FCHC Drug Free Workplace Policy).
7. I understand that I may be required to provide a urine screen for drugs as required by the Administrator or their designee (as defined in the Employee Policy Manual).
8. I certify that I do not have any detectable amounts of prohibited substances in my system at the time of taking my pre-employment drug screen. I understand that if my drug screen is positive for a prohibited substance, I will not be eligible for hire, or if I am hired pending the outcome of such a test; I will be subject to immediate termination.

I represent and declare that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____

Date: _____