

Employment Application

NAME _____
POSITION DESIRED _____
ALTERNATE POSITION DESIRED _____
DATE _____

We do not discriminate against persons in our employment practices because of race, color, sex, religion, age, national origin, disability, equal pay and genetic information. 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		TELEPHONE NUMBER	
			Street		() -	
			City State			
	YOUR POSITION	LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	FT/PT	
	DESCRIPTION OF WORK PERFORMED					
	REASON FOR LEAVING					
	MAY WE CONTACT THIS EMPLOYER? _____ Yes _____ No					

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

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

4. Next Previous Employer Employment Dates From _____ Mo. Yr. To _____ Mo. Yr.	NAME OF EMPLOYER		ADDRESS		TELEPHONE NUMBER	
			Street		() -	
			City State			
	YOUR POSITION	LAST SUPERVISOR	STARTING SALARY	FINAL SALARY	FT/PT	
	DESCRIPTION OF WORK PERFORMED					
	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. _____

PROFESSIONAL REFERENCES

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

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.

Date _____ Applicant's Signature _____



EMH Mission, Vision and Values Commitment

I, _____, as a representative of Ellsworth Municipal Hospital will carryout the Mission, Vision and Values stated below with the passion that led me to healthcare.

Mission: *Caring for People in Special Ways*

Vision: *Imagine a place where you have a healing experience beyond your expectations.*

Values: *Achieving Excellence Through*
Quality
Respect
Dedication
Innovation
Education
Compassion

As a member of the EMH team I will strive to exceed patients, visitors, co-workers expectations and others EMH customers. I will commit to exemplify our Service Excellence Standards of Behavior – Attitude, Appearance, Respect, Ownership/Accountability, and Communication.

Signature

Date

FOR COMPLETION BY MANAGEMENT STAFF MEMBER

Job Title _____ Full-time _____ Part-time _____
Temporary _____ PRN _____ Other _____
Department _____ Work hours: _____
Effective Start Date _____ Total Hours/pay period _____
Pre-employment physical date _____ Rate of Pay _____
_____ Pay Configuration:
General Orientation date _____ Exempt _____ Non-exempt _____
Signature _____ Over-time 8/80 _____ 7/40 _____

Today's Date _____

Name on Name Badge should read as follows:

If applicable, additional position to be held by employee

Job Title _____ Full-time _____ Part-time _____
Temporary _____ Contingent _____
Department _____ Work hours: _____
Rate of Pay _____ Total Hours/pay period _____
Signature _____ Effective Date _____

Today's Date _____

FOR COMPLETION BY HUMAN RESOURCE STAFF

Criminal Background Check: _____ Date _____ Time _____ EPLS _____ Date _____ Time _____

Dependent Adult Abuse Check: _____ Date _____ Time _____

Child Abuse Check: _____ Date _____ Time _____

Sexual Abuse Check: _____ Date _____ Time _____

License Verification: _____ Date _____ Time _____

Office of Inspector General Check: _____ Date _____ Time _____
(Medicare Fraud)

Employment Offer Made: _____ Date _____

Employment Offer Accepted: _____ Date _____