



DEARBORN COUNTY HOSPITAL

Human Resources Department
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 Lawrenceburg, IN 47025
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 FAX (812) 537-1977
 E-Mail: humanr@dch.org / website: www.dch.org
 Job Hotline: (812) 537-8121

NAME

(Last)

(First)

(Middle)

DATE

EMPLOYMENT APPLICATION

An EQUAL OPPORTUNITY EMPLOYER: Employees of this hospital and applicants for employment shall be given equal opportunity in all aspects of employment without regard to race, color, national origin, ancestry, sex, age, religion, or disability.

INSTRUCTIONS

- Before you begin, carefully read the entire application and acknowledgments you are expected to sign.
- Please PRINT all answers except for your signature.
- Answer ALL questions. Mark N/A (Not Applicable) on those questions which do not apply to you.
- This application must be filled out completely and honestly.
- YOU MAY BE CONTACTED FOR TESTING and/or AN INTERVIEW IF BEING CONSIDERED FOR A POSITION. THIS APPLICATION WILL REMAIN IN OUR ACTIVE FILES FOR ONE (1) YEAR.

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
CURRENT STREET ADDRESS		CITY	STATE	ZIP	APPROX. DATE MOVED TO CURRENT ADDRESS:
PREVIOUS STREET ADDRESS		CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
POSITION APPLIED FOR			SALARY DESIRED		
1.			2.		
HOW WERE YOU REFERRED TO OUR HOSPITAL?				ARE YOU 18 YEARS OR OLDER?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
RELATIVES OR FRIENDS EMPLOYED WITH THIS HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No				DATE AVAILABLE FOR WORK	
Name(s) / Relationship:					
HAVE YOU EVER BEEN EMPLOYED BY THIS FACILITY?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	AVAILABLE FOR:	
HAVE YOU EVER BEEN INTERVIEWED AT THIS FACILITY?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Check all that apply)	
When?	Position:	Name Used:		FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
ARE YOU CURRENTLY USING ILLEGAL DRUGS? (Current means within the last 30 days)				OCCASIONAL <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	ARE YOU WILLING AND ABLE TO WORK THE FOLLOWING:	
DO YOU HAVE A FELONY CASE PENDING?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Check all that apply)	
If YES, please explain:					
DO YOU HAVE AN EMPLOYMENT OBLIGATION TO ANY OTHER HEALTHCARE INSTITUTION?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain:				DAY SHIFT <input type="checkbox"/> Yes <input type="checkbox"/> No	
				EVENING SHIFT <input type="checkbox"/> Yes <input type="checkbox"/> No	
				NIGHT SHIFT <input type="checkbox"/> Yes <input type="checkbox"/> No	
				ROTATING SHIFTS <input type="checkbox"/> Yes <input type="checkbox"/> No	
For HR Use ONLY:				WEEKENDS <input type="checkbox"/> Yes <input type="checkbox"/> No	
				HOLIDAYS <input type="checkbox"/> Yes <input type="checkbox"/> No	
				ON CALL <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Check highest grade completed: <input type="checkbox"/> GED <input type="checkbox"/> 7 <input type="checkbox"/> 8		HIGH SCHOOL <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	COLLEGE <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16	<input type="checkbox"/> Post Graduate
Name of High School		Address of High School (St. No., City, State)		Major/Diploma
College Name/University		Address of College/University		Degree/Major/ Date of Graduation
Name of Graduate School		Address of Graduate School		Major/ Date of Graduation
School of Nursing		Address of Nursing School		Degree/ Date of Graduation
Vocational/Business School		Address of Vocation/Business School		Major/ Date of Graduation
Are you now attending or planning to attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Explain:				

MILITARY SERVICE RECORD

Were you ever in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Branch _____	Entry Date _____ Discharge Date _____
Rank Entered _____	Achieved Rank _____
Special Training Received _____	

SPECIAL SKILLS

Complete the items that apply to you:	<input type="checkbox"/> Shorthand WPM _____	<input type="checkbox"/> Dictaphone WPM _____	<input type="checkbox"/> Excel	<input type="checkbox"/> Calculator
	<input type="checkbox"/> Word Processing WPM _____	<input type="checkbox"/> Data Entry KSPH _____	<input type="checkbox"/> Word	<input type="checkbox"/> PC
List any other skills which you feel we should be aware of:				

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently	<input type="checkbox"/> Accredited	<input type="checkbox"/> Certified	<input type="checkbox"/> Licensed	<input type="checkbox"/> Registered
If you are accredited, certified, registered, please list the TYPE, the STATE of issuance, EXPIRATION DATES, number and date certified/licensed:				
Are you eligible for	<input type="checkbox"/> Accreditation	<input type="checkbox"/> Certification	<input type="checkbox"/> Interim Permit	<input type="checkbox"/> Licensure <input type="checkbox"/> Registration
If an examination is required, what date are you scheduled to take the exam?				
If required, have you applied for Reciprocity in Indiana?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need information to apply for Reciprocity in Indiana?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your license ever been revoked, suspended or been subject to any disciplinary action?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered YES to license suspension or revocation, please explain briefly here:				

EMPLOYMENT RECORD

Please list all previous positions held in the last 10 YEARS including military service. Request an additional sheet if necessary.

NOTE: PLEASE COMPLETE THIS SECTION EVEN IF YOU ARE ATTACHING A RESUME TO THIS APPLICATION. THE FOLLOWING SECTION MUST BE COMPLETELY FILLED OUT TO PROCESS YOUR APPLICATION:

DATES: MO & YR.	EMPLOYMENT AND MILITARY HISTORY	RESPONSIBILITIES
1. From:	Name (Present or most recent employer)	Title of Position
To:	Street Address	MAJOR DUTIES (Including supervision)
FINAL SALARY	City State Zip	
Supervisor's Name	Phone # Department	
Reason for Leaving		
2. From:	Name	Title of Position
To:	Street Address	MAJOR DUTIES (Including supervision)
FINAL SALARY	City State Zip	
Supervisor's Name	Phone # Department	
Reason for Leaving		
3. From:	Name	Title of Position
To:	Street Address	MAJOR DUTIES (Including supervision)
FINAL SALARY	City State Zip	
Supervisor's Name	Phone # Department	
Reason for Leaving		

Have you ever worked for any of the above employers under any other names? Yes _____ No _____

Name Used _____

Which employers? Employer Numbers From Above _____

PERIODS OF UNEMPLOYMENT

Please list dates and give brief description of any gaps in your employment history:

PERSONAL REFERENCES

(Do not include relatives or former employers - prefer work related associates, co-workers, teachers, clients, customers)

Name and Occupation	Address	Phone
Name and Occupation	Address	Phone
Name and Occupation	Address	Phone

ACKNOWLEDGEMENTS BY APPLICANT

Please read carefully and sign indicating your understanding.

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

I understand that a physical examination will be required before and during my employment to assure my fitness to perform the duties associated with my job. The costs of such examination will be borne by Dearborn County Hospital. I agree to submit to such physical examinations and understand that any offer of employment and continued employment is contingent upon satisfactory results of a physical exam.

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Dearborn County Hospital and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon Dearborn County Hospital unless made in writing by an authorized hospital official. If an employment relationship is established, I understand and agree that Dearborn County Hospital has a right to terminate my employment at any time and that I retain a similar right to leave the employment of Dearborn County Hospital at any time.

If employed, I agree to abide by and comply with all policies and procedures of the hospital and understand that hours of work and other working conditions are subject to change at the hospital's discretion.

I certify that I have read and understand all statements on this application and that my answers and statements are true and complete. I realize that the falsification or omission of any information, the receipt of a poor reference, a conviction record, or the failure to successfully complete a physical examination may be cause for rejection or dismissal.

I hereby grant permission to Dearborn County Hospital to contact my past employers and educational institutions to verify information I have provided (on resume, application, interview, etc.) and to solicit and secure other information which may be required to determine my suitability for possible employment.

I hereby authorize my former employers to furnish their records of my service and my reason for leaving their employ, together with all other information they may have concerning me, whether on record or not.

I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, achievements, class standing, teachers' evaluations and test results, together with all information they may have concerning me, whether on record or not.

I hereby release and hold harmless all parties and persons connected with any request/release of employment, education or other information, now or in the future, from any and all claims, liabilities, causes of action, damages and expenses of any kind for whatever reason arising out of the furnishing of information.

- (Check One) I am currently employed, and authorize DCH to contact my current employer as well as past employers.
- I am currently employed, and I authorize DCH to contact all past employers, but **DO NOT** contact my current employer without receiving further authorization from me.
- I am not currently employed, but I authorize DCH to contact past employers (if applicable).

Applicant Signature _____ Date _____