



LEADING HOSPITALS.  
TRUSTED CARE.

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

www.HealthONEcares.com

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Today's Date \_\_\_\_\_ Job Applied For \_\_\_\_\_ Department \_\_\_\_\_

Location / Hospital \_\_\_\_\_ Requisition No. \_\_\_\_\_

Are You Seeking:  Full-time  Part-time  Supplemental? When could you start work? \_\_\_\_\_

Shift Desired:  Days  Evenings  Nights  Weekends Salary Desired \_\_\_\_\_

Last Name		First Name		Middle Name	
Number & Street Address			City	State	Zip Code
Telephone Number	Alternate Telephone Number	Email Address		Social Security Number	

If employed and under age of 18, can you furnish a work permit?  Yes  No

If hired, will you furnish proof you are eligible to work in the U.S.?  Yes  No

Have you ever been employed by HCA or HealthONE?  Yes  No If yes, when? From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_  
Department: \_\_\_\_\_ Facility: \_\_\_\_\_

Have you worked or attended school under any other name?  Yes  No If yes, give name \_\_\_\_\_

Regardless of when it occurred, have you ever been convicted of ANY law violation, including misdemeanors? Include any plea of "guilty" or "no contest". Exclude minor traffic violations. (Arrest or charges that have been expunged need not be disclosed).  
 Yes  No If yes, give date, place and nature of each conviction: \_\_\_\_\_

(A conviction will not necessarily disqualify an applicant for employment)

Are you currently excluded, suspended, debarred, or otherwise ineligible to participate in Federal healthcare programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet excluded, debarred, or otherwise declared ineligible.  Yes  No

Are you aware of any potential exclusions from a federally or state funded healthcare program?  Yes  No

Military Experience:  Yes  No Branch of Service \_\_\_\_\_ Date of Service \_\_\_\_\_

Have you ever been fired from a job or asked to resign?  Yes  No If yes, please explain \_\_\_\_\_

## PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

TYPE OF PROFESSIONAL LICENSE    NAME AS IT APPEARS ON YOUR LICENSE    LICENSE NUMBER    EXP DATE    STATE

TYPE OF PROFESSIONAL LICENSE	NAME AS IT APPEARS ON YOUR LICENSE	LICENSE NUMBER	EXP DATE	STATE

Additional Certifications: \_\_\_\_\_

Does your professional license have any pending actions against it or has it ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**Note:** Please do not substitute resume for employment history.

Name of Employer	Supervisor
Address	Employed
City, State, Zip	From (mo/yr) <span style="float: right;">To (mo/yr)</span>
Supervisor Telephone No.	Pay
	Start \$ <span style="float: right;">Final \$</span>
Title	Reason for Leaving
Primary Duties	Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No May we contact this employer ? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer	Supervisor
Address	Employed
City, State, Zip	From (mo/yr) <span style="float: right;">To (mo/yr)</span>
Supervisor Telephone No.	Pay
	Start \$ <span style="float: right;">Final \$</span>
Title	Reason for Leaving
Primary Duties	Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer	Supervisor
Address	Employed
City, State, Zip	From (mo/yr) <span style="float: right;">To (mo/yr)</span>
Supervisor Telephone No.	Pay
	Start \$ <span style="float: right;">Final \$</span>
Title	Reason for Leaving
Primary Duties	Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer	Supervisor
Address	Employed
City, State, Zip	From (mo/yr) <span style="float: right;">To (mo/yr)</span>
Supervisor Telephone No.	Pay
	Start \$ <span style="float: right;">Final \$</span>
Title	Reason for Leaving
Primary Duties	Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION		
<b>High School or GED</b>		
Name	# of Years Completed	Diploma/Degree Certificate
Address	Subjects Studied	
<b>College or University</b>		
Name	# of Years Completed	Diploma/Degree Certificate
Address	Subjects Studied	
<b>Vocational or Technical</b>		
Name	# of Years Completed	Diploma/Degree Certificate
Address	Subjects Studied	
<b>Additional or Other</b>		
Name	# of Years Completed	Diploma/Degree Certificate
Address	Subjects Studied	
What Skills or additional training do you have that are related to the job for which you are applying? _____		
What machines or equipment can you operate that are related to the job for which you are applying? _____		

**EMPLOYMENT AGREEMENT (Application not valid unless signed)**

**AFFIDAVIT:** All answers given by me on this application and other pre-employment forms are true and correct. I understand that falsification, omissions, or misstatements are grounds for refusal to hire or, if hired, dismissal. I agree that HealthONE shall not be liable in any respect if my employment is terminated because of falsifications, misstatements or omissions made by me.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. If employed, I agree to immediately disclose to the company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any federal health care program or receive a government contract. I authorize HealthONE and/or its representatives to conduct a thorough investigation of my background including; all previous employers, educational institutions and persons named in my application for employment, as well as government agencies, law enforcement agencies, licensing boards and any other persons who may have any information concerning my background, character, and qualifications. I release all parties from all liability for damages of whatever kind, which may be a result of this investigation.

I UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON SUCCESSFUL COMPLETION OF A POST-OFFER HEALTH SCREENING RELATED TO THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH I HAVE APPLIED. I further understand that I may be required to successfully pass a DRUG-SCREENING examination. I hereby consent to a pre or post employment drug screen. I also understand that HealthONE is a non-smoking institution.

I understand that this application or subsequent employment does not create a contract of employment or guarantee employment for any definite period of time. If employed, I understand that such employment is for an indefinite period of time and that HealthONE may change wages, benefits and conditions at any time. I understand that if employed, I may be terminated from the employment relationship for cause. Cause is defined as the reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonable believes to be true. Some examples of cause include, but are not limited to, (1) dissatisfaction with an employee for such reasons as lack of capacity or diligence, failure to conform to usual standards of conduct, or other culpable or inappropriate behavior, or (2) economic needs subject to the reasonable judgment of the employer. This application will remain active no more than 90 days from the date it was made.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE AGREE AND CONSENT TO THESE STATEMENTS.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

REFERRAL SOURCE INFORMATION

**How were you referred to HealthONE?**

Newspaper  
Please specify publication \_\_\_\_\_  
(please print)

Employee Referral  
Please give employee's name \_\_\_\_\_  
(please print)

Professional Journal  
Please specify publication \_\_\_\_\_  
(please print)

College or University Placement Office  
Please specify College or University \_\_\_\_\_  
(please print)

Job Fair  
Please specify Job Fair \_\_\_\_\_  
(please print)

Internet  
Please specify website \_\_\_\_\_  
(please print)

Walk-in

State Employment Office

Job Line

Other  
Please describe \_\_\_\_\_  
(please print)



## INVITATION TO SELF-IDENTIFY UNDER THE VEVRAA AND REHABILITATION ACTS

This organization is subject to section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veteran's Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, special disabled veterans, Vietnam veterans and all other eligible veterans. If you have a disability or are a veteran as defined below and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time and/or at any time in the future. Submission of this information is voluntary and refusal to provide will not subject you to any adverse treatment. Information you submit about your disability will be kept confidential, except that supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act may be informed. The information provided would be useful only in ways that are consistent with section 503 of the Rehabilitation Act and the Vietnam Era Veterans Readjustment Act of 1974.

1. Are you a person who served on active duty for a period of more than 180 days any part of which occurred between 08/05/64 and 05/07/75 or active duty occurred in the Republic of Vietnam between 02/28/61 and 05/07/75 and was discharged or released therefrom with other than dishonorable discharge or a service connected disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are you a Veteran entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or rated at 10% or 20% in the case of a veteran who has been determined to have a serious employment disability, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty?

\_\_\_\_\_ Yes \_\_\_\_\_ No

### **Disabled (Mental or Physical Disability)**

4. Are you person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such impairment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. If you are a special disabled veteran or an individual with a disability, we would like to include you under the affirmative action program. It would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for positions that you might otherwise be able to do because of your disability so that you will not be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services or other accommodations.



Credentialing and background investigation

# PRE-EMPLOYMENT DISCLOSURE & RELEASE

APPLICANT'S FULL NAME \_\_\_\_\_

Any Other Names Used \_\_\_\_\_

Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Date of Birth<sup>1</sup> \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License State \_\_\_\_\_ No. \_\_\_\_\_

Name of High School, College, University or Institution of Professional Training where you completed the highest level (  GED - provide state) \_\_\_\_\_

Campus Name \_\_\_\_\_ Campus City \_\_\_\_\_ Campus State \_\_\_\_\_

Name on GED or under which you graduated \_\_\_\_\_

Dates of Attendance and/or Graduation \_\_\_\_\_  
Year(s) Attended \_\_\_\_\_ Year Graduated/GED Completed \_\_\_\_\_

My present employer may be contacted for a job reference. Yes  No

Have you ever been convicted of a crime? Yes  No

Offense \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ When \_\_\_\_\_

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

	City	State	Dates From:	To:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report<sup>2</sup> and/or investigative consumer report<sup>3</sup> may be made in connection with my application for employment with prospective employer, including contract for services. I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a prospective employer and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment/contract for services or denial of employment/contract for services. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein shall be effective throughout the term of my employment.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon your written request within a reasonable period of time, the investigative agency compiling a report will make a complete and accurate disclosure of the nature and scope of the investigation. In addition, if you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such a report.

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

<sup>2</sup> A "Consumer Report" may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

<sup>3</sup> An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

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