



Applicant Flow Information

Memorial Hospital is an **EQUAL OPPORTUNITY, AFFIRMATIVE ACTION EMPLOYER**. Employment opportunities are open to qualified applicants without regard to a person's race, color, gender, age, religion, national origin or ancestry, disability, or veteran status. Reasonable accommodations are made for qualified disabled individuals.

Pursuant to federal regulations, Memorial Hospital is required to maintain certain records for record keeping and reporting purposes; and also, to monitor our progress toward our affirmative action commitments.

Your response is voluntary and will be kept confidential. Your refusal to answer will not affect or harm your employment opportunities. Any information given will be used only in accordance with applicable equal employment and affirmative action orders, acts and regulations.

Date _____

Printed name of applicant _____

Position applied for _____

Gender: Male Female

Race / Ethnic Group

- White
- African American
- Hispanic
- Asian or Pacific Islander
- Native American / Alaskan Native
- Other

EEO - 1 Category

- 1. Manager
- 2. Professional
- 3. Technician
- 4. Sales worker
- 5. Office / clerical
- 6. Craft worker
- 7. Operative
- 8. Laborer
- 9. Service worker

Where did you learn about this job?

SIGNED _____
Applicant



Employment Application

Adventist Health System is an equal opportunity employer. Qualified applicants will be considered for employment without regard to race, color, religion, sex (including pregnancy, childbirth, and other sex-specific conditions), marital status, age (over 40), national origin, ancestry, disability/handicap (physical or mental), and off-duty smoking. Adventist Health System prohibits any form of harassment in the workplace. Information on this application will not be used to discriminate against any applicant.

All questions on this form should be answered clearly and completely in your own handwriting. Do not type. *If you feel you cannot answer a question for personal reasons, please consult with the employment interviewer at the time of your interview.*

Name _____ Date _____

Mailing address _____

Telephone (_____) _____ (_____) _____ Email address _____
Residence Street City State Zip
Other

Have you ever used any other name(s) for work, school or other reasons? If yes, list name(s) and dates / locations used and circumstances _____

Person to notify in case of emergency _____
Name Telephone

POSITION DESIRED

AHS accepts applications for vacant positions. List in order of preference the positions for which you wish to be considered:

1. _____ 2. _____

Is there any specialty you desire in the positions for which you are applying? _____

Date available for employment _____ Salary desired _____

Shift(s) preference: Day Afternoon Night 12-hour PRN Other _____

Employment desired: Full-time Part-time Temporary 8-hour Special requirements _____

If not the above, what hours / days can you work? _____

WORK HISTORY

Have you ever: (check all that apply) Applied for or Worked at This facility or Another facility affiliated with Adventist health System? Yes No If yes, provide details in Work History below.

Do you have relatives employed by AHS? Yes No

If yes, provide name(s), position(s), and department(s) _____

How did you learn about AHS? Employee Friend Patient Other _____

This office is a smoke-free work place. If hired, will you comply with this policy? Yes No

Provide complete information on all employment (full-time, part-time and temporary / PRN)

Explain all periods of unemployment. Use additional sheets if necessary to provide complete information.

May we contact your present employer at this time? Yes No *(References will be required before employment)*

Present or last employer	Telephone number	Position held and nature	Reason for leaving <input type="checkbox"/> Resign with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to resign <input type="checkbox"/> Other
Address	Hourly rate	End	
City	State	Zip	
Supervisor's name	Dates employed: From	To	

Present or last employer	Telephone number	Position held and nature	Reason for leaving <input type="checkbox"/> Resign with notice
Address	Hourly rate Start	End	<input type="checkbox"/> Terminated <input type="checkbox"/> Laid off
City	State	Zip	<input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to resign
Supervisor's name	Dates employed: From	To	<input type="checkbox"/> Other
Present or last employer	Telephone number	Position held and nature	Reason for leaving <input type="checkbox"/> Resign with notice
Address	Hourly rate Start	End	<input type="checkbox"/> Terminated <input type="checkbox"/> Laid off
City	State	Zip	<input type="checkbox"/> Quit without notice <input type="checkbox"/> Asked to resign
Supervisor's name	Dates employed: From	To	<input type="checkbox"/> Other

Use additional sheets if necessary

Have you ever been discharged or asked to resign by **any** employer? Yes No

If yes, provide information on employer, date, action and explanation _____

EDUCATION

School	Name / Location of School	Course of Study	# of years completed	Did you graduate?	Degree or Diploma
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

Individuals you have known for at least two years - not employers or relatives

Name _____ Telephone _____

Address _____

Relationship to reference listed _____

Name _____ Telephone _____

Address _____

Relationship to reference listed _____

Name _____ Telephone _____

Address _____

Relationship to reference listed _____

LICENSURE / CERTIFICATION

Do you currently hold all licenses / certifications required by governmental authorities, licensing agencies, or the facility for the position for which you are applying? Yes No

If yes, provide license / registration numbers and issuing states _____

Have you ever been denied a professional or occupational license, registration or certificate? Yes No

Has your license, registration or certificate ever been investigated, revoked, suspended, limited, or subject to discipline by any board or governing authority? Yes No

If yes to any of these questions, please explain in detail _____

SKILLS

Please state all languages (including English) that you speak, read or write proficiently

Language	Speak	Read	Write	Comments
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you had training or experience in any of the following areas?

- Typewriter _____ wpm
 Microsoft Word
 Excel
 Power Point
 Access
 Transcription machine
 Medical Terminology

Describe other computer software programs, business machines or medical equipment that you operate proficiently

List any other qualifications you have for the position for which you have applied _____

CRIMINAL HISTORY INFORMATION

There is no time limit to the questions regarding your criminal history. Unless a time limit is stated in a question, you must include information on ALL convictions, pleas and alternative adjudications that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should also be disclosed, except where nondisclosure is required under state law. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified. State the approximate date, your understanding of the criminal classification, and note that you are unsure of any more specific information.

- Have you ever plead guilty to any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
 Have you ever pled nolo contendere (no contest) to any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
 Have you ever been convicted of any criminal offense (misdemeanor or felony) other than parking tickets? Yes No
 If you answered yes to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) (city/county and state) and disposition.

Offense	Date	Location	Disposition

Use additional sheets if necessary

Have you EVER served any of the following for any of the following for any criminal offense? (*check all that apply*)

NOTE: This list of dispositions is not a complete description of every possible alternative sentencing option. Therefore, if the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last option and specifically describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | | |
|---|--|---|
| <input type="checkbox"/> Pretrial diversion | <input type="checkbox"/> Probation (any type) | <input type="checkbox"/> Deferred adjudication |
| <input type="checkbox"/> Suspended sentence | <input type="checkbox"/> Community control / supervision / service | <input type="checkbox"/> Postponed judgement |
| <input type="checkbox"/> Shock / challenge incarceration | <input type="checkbox"/> Deferral / diversion of prosecution | <input type="checkbox"/> Conditional discharge |
| <input type="checkbox"/> Community-based punishment | <input type="checkbox"/> Unconditional discharge | <input type="checkbox"/> Pretrial intervention |
| <input type="checkbox"/> Pretrial release | <input type="checkbox"/> Restorative justice program | <input type="checkbox"/> Indeterminate commitment |
| <input type="checkbox"/> Supervised release | | |
| <input type="checkbox"/> Any other type of alternative, deferred, suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release (describe type) | | |

MOTOR VEHICLE RECORD

The following section must be completed if you are applying for a position which requires operation of a motor vehicle (whether owned by the facility or you). Driver's License number _____

Type of license Personal Commercial (CDL) Issuing State _____ Expiration Date _____

Is your driver's license limited in any manner? Yes No

If yes, please describe in detail _____

Has your driver's license ever been denied, curtailed, suspended or revoked? Yes No

If yes, provide complete information on action(s) taken, date(s), location(s) and disposition / current status

Have you had any moving violations during the past 5-years? Yes No

Have you been convicted for any driving offenses during the past 5-years? Yes No

Have you pled guilty to any driving offenses during the past 5-years? Yes No

Have you pled nolo contendere (no contest) to any driving offenses during the past 5-years? Yes No

If you answered yes to any of the above questions, provide the offense(s), location (city / state), date(s), and disposition / current status

Do you have automobile liability insurance? Yes No

If yes, provide expiration date _____

APPLICATION PROCEDURE

This facility may not interview all applicants for vacancies. Those applicants to be interviewed will be contacted by the facility. Applications will only be accepted for specific job positions and will be considered active for ninety (90) days following their submission. If applicants wish to be further considered after this time period, or for a job position not listed on this application, they must submit a new application.

APPLICATION VERIFICATION

1. I verify that all the information on this application and on resumes and exhibits submitted to the facility is true, correct and complete. I have not omitted any information sought by the facility. I understand that any false, misleading, incomplete or omitted information on this application, or in resumes and exhibits submitted to the facility, will result in ineligibility for employment or termination of employment, whenever discovered. I further understand that if the facility requests a background check / criminal record check under the Fair Credit Reporting Act, I will receive a separate notice regarding that investigation and must provide written authorization as a condition of consideration for employment.
2. I understand that this application is not a job offer or a contract of employment for any specific time period. If hired, I understand that any employment will be "at-will" and for an indefinite time period. I understand that I may resign or be terminated by the facility at any time without written notice or requirement of cause.
3. Employment is subject to completion of pre-employment procedures, including but not limited to, verifying employment / personal references; conducting a background investigation / criminal record check, verifying driving record (if appropriate), and confirmation of licensure or registration.
4. Applicants hired by this facility must complete a Federal I-9 form and provide verifying documentation of their legal right to reside and work in the United States.
5. The facility prohibits the use or abuse of alcoholic beverages and the current illegal use of drugs. Because of the facility's safety concerns, all applicants extended a conditional job offer will be asked to submit to testing for the current illegal use of drugs. Any applicant who declines to consent or submit to testing, or who produces a positive test result for the illegal use of drugs, will not be further considered for employment.
6. Applicants extended a conditional job offer will be asked to consent and submit to a medical exam conducted by a health care practitioner selected by the facility or to complete a medical questionnaire. Applicants who decline to provide information and / or submit to the medical exam will not be further considered for employment.

DATE _____ SIGNED _____ Applicant _____



Notice to Applicants / Employees Regarding Consumer Report

In order to ensure a safe working environment, *Adventist Health System* has chosen to perform a form of consumer report on all prospective employees - specifically a criminal record check, previous employment references, driving record, verification of professional licensure or certification (where applicable) and verification of professional educational background.

Adventist Health System requires, as a condition of employment, that all prospective employees consent to a criminal record check and driving record (where the job offered requires driving as an essential function of the job) and that certain identifying information is provided to facilitate the record check process.

Additionally, *Adventist Health System* may conduct criminal record checks and driving record checks at certain times during employment. Failure to consent to background verification, including criminal record check and driving record check, will result in ineligibility for employment or termination of the employment relationship.

Please acknowledge receipt of this notice below.

DATE _____ SIGNED _____
Applicant / Employee

Printed Name of Applicant / Employee _____

Authorization

I *authorize* Adventist Health System and its agents to obtain a consumer report on me, including criminal record checks, for employment purposes as part of its pre-employment background investigation. If I am hired, this authorization will remain valid and will serve as an ongoing authorization for Adventist Health System and its agents to obtain consumer reports on me at any time during employment.

DATE _____ SIGNED _____
Applicant / Employee



Candidate for Employment Consent for Drug Testing

I understand that Memorial Hospital requests that all final candidates for employment undergo testing for the illegal use of drugs. I understand that this testing is voluntary but a prerequisite to employment.

Testing for drugs will be in the form of a urinalysis test to be performed by a laboratory or medical clinic designated by the Hospital. The drugs for which the Hospital will test are listed on this consent form. I understand that all urine specimens will be maintained under a chain of custody procedure. The test results will be communicated by the laboratory or medical clinic to the Hospital and used in evaluating my application for employment. I understand that testing for drugs will not be performed without my signed consent and that if I decline to submit to the test for drugs, or if I do not successfully complete this test, my conditional job offer will be withdrawn and I will not be further considered for employment.

I voluntarily consent to testing for drugs and understand that the results of the test may be used as ground for rejecting my application. I hereby authorize the laboratory or medical clinic to obtain specimens of my urine, conduct the tests and disclose all pertinent medical information, including the test results, to officials of the Hospital involved in the employment selection process. I hereby release the Hospital, the laboratory or medical clinic conducting the testing and all of their past and present officers, directors, agents, representatives, employees, and insurers, from any claim or liability arising out of the testing process, including, without limitations, the test procedures, analysis and / or disclosure of test results.

I understand that if I am taking any prescription or over-the-counter medications, which may affect the drug test, I may voluntarily disclose them before testing to a Human Resource Official or other Hospital designee.

I further understand that signing this consent does not constitute an employment agreement or contract with the Hospital. I confirm that I have signed this document voluntarily.

If you have any questions regarding this form, ask before signing.

DATE _____ SIGNED _____

Candidate

Substances to be Tested

- PCP
- Cannabinoids (marijuana and hashish)
- Amphetamines (methamphetamines and amphetamines)
- Barbiturates (phenobarbital, secobarbital, amobarbital, etc)
- Benzodiazepines (librium, valium and oxazepam)
- Cocaine
- Methadone
- Methaqualone
- Opiates (heroin, morphine, codeine, etc)
- Extended opiates (hydrocodone, hydromorphone, oxycodone / oxycontin, Lorcet, Percocet, etc)



Pre Employment Interview

Date _____ Applicant Name _____

Position Title _____ Department Manager _____

Directions: Please answer the questions below to the best of your ability.

Applicants needing accommodation during the interview should make their request known prior to the interview session. Should accommodation be requested, please explain what type of accommodation would be needed to make the interview process more accessible.

Career Questions

- Have you ever worked here before? _____ If so, when and where? _____
- Were you told that you would be eligible for rehire? _____ By whom? _____
- What was your reason for leaving your most recent job? _____
- What were your duties and responsibilities in each of your previous jobs? _____
- _____
- What did you like least about your previous jobs? _____
- What did you like most about your previous jobs? _____
- What skills do you have that you feel would benefit this organization? _____
- What aspects of your capabilities do you feel need improvement? _____
- Have you ever been fired? _____ Why? _____

Leadership Potential Questions

- Have you ever been responsible for the work of others? _____
Tell me about your experiences _____
- Tell me about your best and worst boss _____
- How would you be encouraged - or how would you encourage others - to do more with less? _____

Communication Style Questions

- Describe how you work when you work alone _____
- Explain how you work with others _____
- When learning new tasks, do you learn best by: *check one*
 - Looking at pictures
 - Reading step-by-step instructions
 - Doing the task with someone else "walking you through" the process?
- How do you react to last minute changes? _____

General Questions *Ask your interviewer to review the job description with you*

- The physical requirements of this position are _____
- The attendance expectations are no more than one (1) **unplanned** (unscheduled) absence per 30-day time frame. If hired, can you comply with this policy? _____
- The regular working hours of this position are _____
- If selected for this position, do you feel you can perform the essential functions, with or without accommodation and without posing a present direct threat to the health or safety of yourself or others? _____
- This organization has a smoke-free environment policy. Can you, if hired, comply with this policy? _____
- Licensure, registration, or certification verified # _____