

Application for Employment

It is the policy of this facility to provide equal opportunity to persons regardless of race, color, religion, age, gender, disability, veteran status, or any other classification in accordance with federal, state and local statutes, regulations and ordinances. **Cogdell Memorial Hospital requires a pre-employment drug screen and background check.**

Applicant Information

Applicant Name (Please Give Complete Name)		Are you at Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last four digits of SS #	Contact Number:	Date:
Present Address (Include City, State, Zip Code)			Email address:		
Previous Address (If at Present Address Less Than 12 Months)					
Current Open Position for Which You Are Applying		Type of Position		Shift	
1)	2)	3)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Pool <input type="checkbox"/> PRN <input type="checkbox"/> Temp	<input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotation <input type="checkbox"/> Day <input type="checkbox"/> Evening
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available for Work	Are you Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked in a facility associated with Cogdell Memorial Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Years of Service: _____ to _____		If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____		
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Job Line <input type="checkbox"/> Other: _____ Name of employee that referred you: _____		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you within the last 10 years pled guilty or no contest to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you within the last 10 years been charged with a crime that resulted in a deferred adjudication/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to any of the above please explain: Are you ineligible for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No An ineligible person is any individual or entity who is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal Health Care programs; or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal Health Care Programs after a period of exclusion, suspension, debarment, or ineligibility.			

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) _____ To (Year) _____	
Professional License (i.e. Nursing, Rad., etc.)		Date License Received: _____ MM DD Year	
List any professional licenses, registration or certification you possess (Include Drivers License, if applicable)	Clerical or other skills applicable to the position for which you are applying		
Type _____ State Issued _____ Expiration Date _____ Number _____	<input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____		
Has your license ever been under investigation, restricted or encumbered? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr.	From Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary: \$		Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name While Employed
	Job Title			Other reference with this employer	
	Nature of duties			Reason for leaving	
1st Previous	From Mo. Yr.	From Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary: \$		Address	Name While Employed	
	Job Title			Reason for leaving	
	Nature of duties				
2nd Previous	From Mo. Yr.	From Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary: \$		Address	Name While Employed	
	Job Title			Reason for leaving	
	Nature of duties				
3rd Previous	From Mo. Yr.	From Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary: \$		Address	Name While Employed	
	Job Title			Reason for leaving	
	Nature of duties				

Professional References (Other than Relatives)

Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone – Work/Home	Number of Years Known

<p>Please Review and Sign Where Indicated.</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, persona 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. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY. <p>RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment</p>	Applicant Signature	Date Prepared
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Applicant Self Identification Form

Required Information

Date of Application: _____

Position(s) for which you are applying: _____

Voluntary Information

Cogdell Memorial Hospital is collecting the information requested in this form in order to comply with United States Department of Agriculture (USDA) requirements applicable to recipients of USDA loans. This is to assure the Federal Government, acting through the USDA, that the Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. As a recipient of a USDA loan, the Hospital is required to track our job applicants by gender and race/ethnicity and the position for which they applied. This information will not be used for any hiring decisions or other personnel decisions and will be kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. However, if you choose not to furnish it, the employer is required to note the race, ethnicity, sex of individual applicants on the basis of visual observation or surname. Responses will remain confidential within the Human Resources Department and will be used only for the necessary information for reporting requirements to the USDA. When reported, data will not identify any specific individuals.

Gender: Male Female

Race/Ethnic Identification (check one or more):

Hispanic or Latino **Not Hispanic or Latino**

American Indian/Alaska Native

Black or African American

Asian

**Native Hawaiian or Other Pacific
Islander**