

# APPLICATION FOR EMPLOYMENT



## From Office of Human Resources

Thank you for your interest in Galichia Heart Hospital. We are an equal opportunity employer that complies with the Americans with Disabilities Act.

Any offer of employment is contingent upon the ability to provide documentation which demonstrates employment eligibility as required by the Immigration Reform and Control Act of 1986, passage of a drug test, and a physical test.

## Individual Information

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Daytime Telephone ( ) \_\_\_\_\_ Evening Telephone ( ) \_\_\_\_\_

SSN \_\_\_\_\_ Are you 18 or more years old? [ ] Yes [ ] No

Have you been convicted of a felony or misdemeanor other than a routine traffic offense?  
(A conviction will not necessarily preclude employment.) [ ] Yes [ ] No

Have you ever been convicted of any criminal offense relating to health care? [ ] Yes [ ] No

Have you even been listed by a Federal agency as debarred, excluded, or otherwise ineligible for Participation in any Federal program, either temporarily or permanently? [ ] Yes [ ] No

Are you a citizen of the United States or an alien eligible for employment immigration laws? [ ] Yes [ ] No

Do you have a valid Kansas driver's license? [ ] Yes [ ] No

Have you ever been sanctioned by the Federal or State government for Medicare fraud or abuse? [ ] Yes [ ] No

If yes, Provide name, county and state, date(s) sanction occurred: \_\_\_\_\_

## Employment Information

Type of position/position desired \_\_\_\_\_ Date Available \_\_\_\_\_

[ ] Temporary [ ] PRN [ ] Full Time [ ] Part Time Shift/Hours preferred \_\_\_\_\_

List Salary Desired \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

## Education/Skills History

High school diploma/GED? [ ] Yes [ ] No

University, college, business, technical, and/or trade school education (Please attach transcript(s) if applicable)

School Name & Location	Major	Degree or Certificate	Year Graduated
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**Clerical Skills**

Word processing      Type of terminal/PC \_\_\_\_\_  
 Type of software \_\_\_\_\_  
 Typing    WPM \_\_\_\_\_       Shorthand    WPM \_\_\_\_\_  
 Dictaphone     Ten Key       Other \_\_\_\_\_

**Other Skills**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior Medical Experience**

Please list your total year of experience in the following areas. Please also list where you obtained this experience.

Subject	Years of Experience	Where Obtained
IABP Balloon Pump		
Telemetry		
ICU/CCU/SICU/MICU		
Electrophysiology Lab		
Acute Care		
ACLS		
Cath Lab		
RN Experience		
General Healthcare		
Outpatient		
EKG		
OR		
Registered Respiratory Therapist		

**Certifications/Licensure**

Please list all applicable current certifications and licensure which you possess.

BLS Exp. Date \_\_\_\_\_  
 ACLS Exp. Date \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Employment History**

Please list your past ten years of work history below beginning with your present or most recent job. Complete all lines on the application. Include any military service. Emphasize your specific tasks and supervisory or technical responsibilities. Show percent of time spent on each duty – not to exceed 100 percent.

I. Employer \_\_\_\_\_      Type of Business/Job Title \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Supervisor \_\_\_\_\_      Supervisor's Telephone (      ) \_\_\_\_\_  
 Dates of Employment      From \_\_\_\_\_      To \_\_\_\_\_  
 Salary \$ \_\_\_\_\_      May we contact?       Yes       No  
 Reason for leaving \_\_\_\_\_  
 Your duties (*show percent of time spent on each duty*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Employer \_\_\_\_\_ Type of Business/Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone (     ) \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Salary \$ \_\_\_\_\_ May we contact?     [    ] Yes     [    ] No  
Reason for leaving \_\_\_\_\_  
Your duties *(show percent of time spent on each duty)*

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3. Employer \_\_\_\_\_ Type of Business/Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone (     ) \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Salary \$ \_\_\_\_\_ May we contact?     [    ] Yes     [    ] No  
Reason for leaving \_\_\_\_\_  
Your duties *(show percent of time spent on each duty)*

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4. Employer \_\_\_\_\_ Type of Business/Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone (     ) \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Salary \$ \_\_\_\_\_ May we contact?     [    ] Yes     [    ] No  
Reason for leaving \_\_\_\_\_  
Your duties *(show percent of time spent on each duty)*

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5. Employer \_\_\_\_\_ Type of Business/Job Title \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor's Telephone (     ) \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_  
Salary \$ \_\_\_\_\_ May we contact?     [    ] Yes     [    ] No  
Reason for leaving \_\_\_\_\_  
Your duties *(show percent of time spent on each duty)*

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## References

List three persons not related to you, whom you have known at least one year.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Years Acquainted \_\_\_\_\_  
Daytime Telephone (     ) \_\_\_\_\_  
Evening Telephone (     ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Years Acquainted \_\_\_\_\_  
Daytime Telephone (     ) \_\_\_\_\_  
Evening Telephone (     ) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Years Acquainted \_\_\_\_\_  
Daytime Telephone (     ) \_\_\_\_\_  
Evening Telephone (     ) \_\_\_\_\_

## Additional Information

Please list volunteer and/or related activities; it is not essential to name organizations.

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How were you referred to Galichia Heart Hospital?      Newspaper      Employee      Walk In      Nationjob      Career Fair  
 College Referred      Executive Recruiter      Former Employee      Temporary Service      Other \_\_\_\_\_

To the best of my knowledge, all information on this application is true and correct. I authorize Galichia Heart Hospital to use the information given in determining my eligibility for employment, including contacting each of my former employers listed concerning my qualifications for employment. I understand that any employment is contingent on a background check initiated by Galichia Heart Hospital. Permission also is granted to each of my former employers to give Galichia Heart Hospital information they may have with respect to my work experience with them. I understand that fraudulent statements made in this application may be cause for disqualification for employment at or dismissal from Galichia Heart Hospital.

I understand that if offered employment, I agree to submit to a medical examination and drug test as condition of employment. I also agree to submit to a medical examination or drug test at any time deemed appropriate by Galichia Heart Hospital and as permitted by law. I consent to the examinations and tests, and I request that the examining doctor disclose Galichia Heart Hospital the results of the examination, which the results will remain confidential and separate from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medial examinations and drug test, and if I am hired a condition of my employment will be that I abide by Galichia Heart Hospital's Drug and Alcohol Policy.

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

Date \_\_\_\_\_

*Information received by Galichia Heart Hospital will be handled confidentially. Galichia Heart Hospital is an Equal Opportunity/Americans with Disabilities employer.*

# RELEASE AUTHORIZATION

Applicant Complete the Following

1. In connection with my application for employment, I understand that an investigative report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source of which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state, and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box.  The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AVERT, INC. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

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Full Name (please print)

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Other Names you have used (please print)

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Home Address

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City

State

Zip Code

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Social Security Number

Date of Birth

If you are a resident of AL, AR, FL, GA, IA, IN, OR, TX, or WI you are required to provide the following information:

Gender:  Male  Female

Race:  Asian  Black  Hispanic  White  Other \_\_\_\_\_

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Drivers License Number

State Issuing License

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Name as it appears on License

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Signature

Date