



HOCKING VALLEY COMMUNITY HOSPITAL

P.O. Box 966 • Logan, Ohio 43138
ATTN: HUMAN RESOURCES

EMPLOYMENT APPLICATION

Hocking Valley Community Hospital (HVCH) is an Equal Employment Opportunity Employer and as such does not discriminate on the basis of race, color, religion, sex, age (40 and over), national origin, ancestry, alienage, military status, or disability. None of the information requested below will be used for any unlawful purpose. Applicants who require a reasonable accommodation for the application or interview process should notify HVCH's Director of Human Resources.

(PLEASE PRINT CLEARLY - You must fill in this form completely in order to be considered for employment with HVCH.)

NAME _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS: _____
Street City State Zip

Number of years at above address: _____

Are you legally eligible for employment in the U.S.? _____ Social Security Number: _____

PHONE NUMBER: (_____) _____ Best Time to Call: _____

Alternate Phone Number: (_____) _____ Shift Preference: (Check)

For what position are you applying? 1st 2nd 3rd

How did you learn about this position?
 Jobline HVCH Employee Internet Posting Newspaper Ad Other, please specify: _____

Employment Status Desired: Full Time Part Time Contingent Part Time Casual

If Part Time, specify days or hours available: _____ Date available: _____

Willing to work: Weekends Holidays Rotation Minimum acceptable salary: _____

If hired, when would you be able to start work? _____

Are you under 18 years old? Yes No

Were you previously employed by Hocking Valley Community Hospital? Yes No

If yes, position held: _____ Reason for leaving: _____

Date of employment: _____, to _____

Do you have any special training that could be helpful in performing the job applying for? _____

Have you ever been suspended, excluded or debarred from participation in (1) any federal procurement or non-procurement program, (2) Medicare or Medicaid, (3) TRICARE, or (4) any other federal, state, or local healthcare program? Yes No

If yes, please provide details: _____

Are you currently subject to any non-compete or non-solicitation agreement with a former employer? Yes No

If yes, please provide a copy.

RECORD OF CONVICTION

Have you ever been convicted of a crime other than minor traffic offense?

Yes

No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Are you currently:

Registered

Licensed

Certified

Eligible for:

Registration

Licensure

Certification

| | | | | | |
|---|------|--------------|------|-----|---------|
| IF LICENSED, REGISTERED OR CERTIFIED | Type | State Issued | Date | No. | Expires |
| | Type | State Issued | Date | No. | Expires |
| | Type | State Issued | Date | No. | Expires |

Professional or Association Memberships: _____

EDUCATION

| Educational Background | Name and Location of School | Course of Study | Did You Graduate Yes / No | Degree Received | Number of Years Attended |
|---------------------------------|-----------------------------|-----------------|------------------------------|-----------------|--------------------------|
| High School | | | | | |
| College Ending Date | | | | | |
| Graduate School Ending Date | | | | | |
| Technical School Ending Date | | | | | |
| Military | | | | | |

EMPLOYMENT HISTORY / WORK REFERENCES

**List previous employment, beginning with your current or most recent job.
Please supply complete addresses for each previous employment.**

Have you ever been fired, dismissed, or asked to resign by a former employer? Yes No
If yes, please explain. _____

| | |
|--|---|
| 1. Company Name _____ Address _____ City & State _____ Zip _____ Telephone (if known) _____ Supervisor _____ | Job Title _____ Duties _____ _____ Dates Employed From _____ to _____ |
| Wages \$ _____ Circle Status: Full Time Part Time Temporary On-Call Reason for Leaving _____ May contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Company Name _____ Address _____ City & State _____ Zip _____ Telephone (if known) _____ Supervisor _____ | Job Title _____ Duties _____ _____ Dates Employed From _____ to _____ |
| Wages \$ _____ Circle Status: Full Time Part Time Temporary On-Call Reason for Leaving _____ May contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 3. Company Name _____ Address _____ City & State _____ Zip _____ Telephone (if known) _____ Supervisor _____ | Job Title _____ Duties _____ _____ Dates Employed From _____ to _____ |
| Wages \$ _____ Circle Status: Full Time Part Time Temporary On-Call Reason for Leaving _____ May contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PERSONAL REFERENCES

(Excluding relatives and previous employers)

| Name and Occupation | Address with Zip Code | Home Phone No. | Work Phone No. | Years Known |
|---------------------|-----------------------|----------------|----------------|-------------|
| | | | | |
| | | | | |
| | | | | |

ADDITIONAL INFORMATION

Occasionally, the form of an application makes it difficult for an individual to adequately summarize his or her complete background. To assist us in finding the proper position for you, use the space below to summarize any additional information necessary to describe your full qualifications.

APPLICANT ACKNOWLEDGEMENT

In submitting this application for employment, I understand the following:

I agree that if HVCH offers me employment, my employment term is at-will, which means that either HVCH or I can terminate my employment at any time without reason, and that such at-will status may only be changed in a writing specific to me, which specifically references a change to my at-will and is signed by me and the President of HVCH.

I agree to submit to a health assessment/medical examination [if applicable] and/or drug and alcohol testing with results satisfactory to HVCH as a condition of employment. If I am employed, I agree that I may be required to submit to drug and alcohol testing as a condition of continued employment.

I agree that I have never been suspended, excluded, or debarred from participation in (1) any federal procurement or non-procurement program, (2) Medicare or Medicaid, or (3) any other federal, state, or local healthcare program. I agree that, if I am employed, and if I am thereafter suspended, excluded, or debarred from the programs in (1)-(3), I shall immediately inform the Human Resources Department in writing.

If hired, I will be expected to abide by all of HVCH's rules and regulations, including any changes to those rules and regulations after I am employed.

I acknowledge that if I am offered employment, I must complete the employee portion of Immigration and Naturalization Service Form I-9, and I must present documents establishing my identity and my authorization to be employed in the United States.

I acknowledge that, if I am hired, HVCH may alter my compensation, HVCH provided benefits and its policies and procedures (other than my at-will status) at any time for any reason.

No employee, agent or representative of HVCH has the authority at present, or in the future, to allow me to engage in any conduct or behavior that any way conflicts with the hospital's policies, rules or regulations unless that authorization is set forth in writing and signed by the Administration.

If hired, I will participate in and cooperate with respect to an exit interview in the event that my employment ends (voluntarily or involuntarily) if such an interview is requested.

I agree that upon any termination of my employment I shall promptly return any equipment or other property entrusted to me by HVCH during such employment, that I shall promptly repay any indebtedness owned by me to HVCH and that HVCH is hereby authorized to deduct from any final pay (including the value of accrued but unused benefits) the amount of such indebtedness due to theft, damage or failure to return HVCH provided property.

I hereby authorize HVCH to withhold delivery of any final pay ultimately due me until I have performed the aforesaid obligations (if requested) and to repay and return property as stated.

I authorize investigation of all statements contained herein and the references listed, and any other individual, hospital, company or institution with which I have been associated, to give HVCH any and all information concerning my work record and employability and any other pertinent information they may have, personal or otherwise, in order for HVCH to arrive at an employment decision. I release all parties from all liability for any damage that may result from furnishing the same to HVCH. I grant permission to HVCH to disclose any information on this application, including my social security number, to any person or institution for the purpose of determining my employability. I also authorize any school, college or other educational institution which I have attended to furnish HVCH with all information concerning my student record, including a transcript of my grades. (We will not contact your current employer unless we have your permission.) Additionally, HVCH has my permission to conduct an investigational background check as necessary to ascertain my employability, to include character, criminal and financial.

I certify that the information in this application or otherwise provided by me to HVCH is true, correct and complete. I understand and agree that any false or misleading information or omission given on my application, or any other employment related document or in any interview(s) may result in my not being hired or may result in termination of employment if discovered at any time after hire.

Signature of Applicant

Date

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN EMPLOYMENT WITH US. WE WOULD LIKE TO ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WILL BE BASED ONLY UPON YOUR MERIT AND OUR JOB-RELATED REQUIREMENTS AND NOT ON ANY OTHER CONSIDERATIONS.

Application remains active for 180 days.

STANDARDS OF BEHAVIOR

As an employee of Hocking Valley Community Hospital, it is my mission to create a culture of Service Excellence, which becomes the foundation for the success of our hospital. My goal is to exceed the expectations of fellow employees, physicians, volunteers, and the patients of Hocking Valley Community Hospital, as well as the community. I will uphold the reputation of Hocking Valley Community Hospital and promote a positive image. I will honor the following standards and abide by them every day. I understand these standards apply equally to all employees.

ACCOUNTABILITY

- I will report to work/meetings on time.
- I will complete my assignments on time.
- I will notify my supervisor and/or others in advance when I will be late or a project deadline is in jeopardy.
- I will report to work as scheduled and display flexibility (i.e. float to another department and adjust my schedule if necessary).
- I will honor the lunch/break policy – 30 minute lunch and 15 minute breaks.
- I will be responsible for updating certifications/licensures required to perform my job prior to expiration.
- I will be aware of the hospital's organizational structure (organization chart).
- I will take responsibility for answering a customer's question. If I am unable to answer, I will find someone who can.
- I will embrace the characteristics of an adult learner:
 - arrives on time/returns on time
 - listens and pays attention
 - takes notes
 - knows how to learn even in difficult situations
 - doesn't use excuses or rationalization

INTEGRITY / PROFESSIONALISM

- I will be truthful during my conversations with fellow employees, physicians, volunteers, and patients.
- I will introduce myself to our patients and tell them my job title.
- I will knock and identify myself before entering a room.
- I will close the door and curtain for privacy.
- I will keep patient information confidential and will not discuss their care in public places, such as the cafeteria, lobby, or anywhere in the community. I will not discuss their care with anyone other than those who need to know, or are involved with their care.
- I will adhere to the dress code policy and have my ID badge properly displayed at all times.

DEPENDABLE CO-WORKERS

- I will treat my co-workers as professionals deserving courtesy, honesty, and respect. I will welcome newcomers.
- I will avoid last minute requests, and offer to help fellow employees whenever possible.
- I will cooperate with others. I will not undermine other peoples' work but praise whenever possible.
- I will address problems by going to the appropriate supervisor.
- I will not engage in a confrontation/conversation with others that will chastise or embarrass them.
- I will not criticize co-workers, physicians, or volunteers in public, whether in the hospital or in the community.
- I will contribute to HVCH being an "employer of choice" via my interaction with co-workers.

EXCELLENCE IN SERVICE

- I will use a pleasant, caring tone of voice and proper body language.
- I will acknowledge the customers' presence immediately, and I will welcome customers with a friendly and positive attitude. I will use eye contact and a smile to project commitment to excellence.
- I will escort a person to their destination or, if I am unable, find someone to escort them.
- I will make customers comfortable while they are waiting and inform them of any delays. During a delay, (over 15 min. for scheduled appointments, over 1 hour for non-scheduled appointments) I will acknowledge their inconvenience.
- I will tell the patient what to expect using HVCH customer service tools (AIDET: Acknowledge, Introduce, Duration, Explain, Thank You).
- I will communicate with empathy. I will listen to the patient, understand what the patient is saying to me, and communicate my understanding to the patient.
- I will strive to exceed the customer's expectations of service, which will in turn create loyalty to HVCH.
- I understand that I have only one chance to make a positive first impression.

TELEPHONE ETIQUETTE / COMMUNICATION

- I will listen to the customer and be courteous.
- I will explain information to customers with patience. I will use words they understand and avoid the use of jargon.
- For internal phone calls, I will identify my department and name when answering the phone (i.e. Med/Surg, this is _____, how may I help you?).
- For external phone calls, I will identify the hospital, my department and my name when answering the phone (i.e. Hocking Valley Community Hospital, Med/Surg, this is _____, how may I help you?).
- When transferring a phone call, I will give the extension to the customer before I transfer them. I will explain to the person receiving the transferred call; what it is concerning.
- I will ask a customer if I can put them on hold.
- I understand that any call I receive is from a customer, whether it is from a patient, physician, co-worker, vendor or someone in the community.

SAFETY AWARENESS

- I will report all accidents or incidents immediately.
- I will correct or report any safety hazard immediately.
- I will use protective clothing, gear and procedures when appropriate.
- I will participate / complete all required safety training.

Print Name

Date

Signature

