

REFERENCES		
You must list at least two references (not related to you) that can comment on your work habits, responsibility, character and conduct.		
Name:	Years known:	Telephone:
Address:		
Name:	Years known:	Telephone:
Address:		
Name:	Years known:	Telephone:
Address:		

I hereby voluntarily, in connection with this application, authorize all corporations, companies, educational institutions, persons, police department or law enforcement agencies, military services, former employers and anyone else Henry County Hospital/HCH Diversified Management Corp. deems appropriate to contact with regard to this application to release information they may have about me (including but not limited to information relating to my dates of employment, job titles, employment application, performance evaluations, wage or salary history, disciplinary actions, attendance record, and reason for leaving), to Henry County Hospital/HCH Diversified Management Corp. or its agents, and I release them and Henry County Hospital/HCH Diversified Management Corp. and its agents from any and all liability for disclosing and/or reviewing such information. I understand that any information acquired may be disclosed to supervisory personnel within Henry County Hospital/HCH Diversified Management Corp. and/or others who, in the sole judgment of Henry County Hospital/HCH Diversified Management Corp., may have a legitimate interest in such information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Henry County Hospital/HCH Diversified Management Corp. and me either for employment or for the providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Henry County Hospital/HCH Diversified Management Corp. unless made in writing by the Chief Executive Officer of Henry County Hospital/HCH Diversified Management Corp. I understand that, if I am hired, I will be an at-will employee which means that either I or Henry County Hospital/HCH Diversified Management Corp. has the right to modify the at-will nature of the employment relationship and that such modification, if made, must be in a written document signed by the Chief Executive Officer and I.

I understand that any offer of employment is contingent on the satisfactory results of a pre-employment medical examination, which may include a test to detect the presence of drugs or alcohol. I authorize the release and disclosure of the results of the medical examination to Henry County Hospital/HCH Diversified Management Corp. I understand that the results of the medical examination may be disclosed to supervisory personnel within Henry County Hospital/HCH Diversified Management Corp. and/or others who, in the sole judgment of Henry County Hospital/HCH Diversified Management Corp., may have a legitimate interest in such information.

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge, and I have withheld nothing that would affect the application unfavorably. I understand that false, misleading or incomplete information given on this application or in any subsequent interview(s) may result in immediate disqualification of consideration for employment or termination of subsequent employment.

I agree to take any pre-employment personality, aptitude, and/or skills tests that may be lawfully required by Henry County Hospital/HCH Diversified Management Corp.

**I HAVE CAREFULLY READ OVER THIS ENTIRE APPLICATION FOR EMPLOYMENT AND UNDERSTAND FULLY ALL OF ITS CONTENTS AND INSTRUCTIONS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Henry County Hospital/HCH Diversified Management Corp

1000 N. 16<sup>th</sup> Street

P.O. Box 490

New Castle, IN 47362

Human Resources/Job Line: (765) 521-1507

Fax: (765) 521-1480

www.hcmhcares.org

### Employment Application

Henry County Hospital/HCH Diversified Management Corp. offers equal employment opportunities to all persons without regard to race, religion, age, sex, color, national origin, ancestry, disability, uniformed service, or other legally protected status. No question on this application is intended to secure information to be used to discriminate on these bases.

Please read carefully and answer all questions. Answer all questions fully, honestly and completely. If a question does not apply to you, print "N/A" (which means "not applicable"). Failure to follow these instructions will be considered in making employment decisions. Any false, misleading, or incomplete answers may result in immediate disqualification of consideration for employment or termination of subsequent employment.

The use of this form does not obligate Henry County Hospital/HCH Diversified Management Corp. in any way. Applications will be accepted for current open positions only. **We will keep your application on file for one year. However, you must notify Human Resources to be considered for any position other than the one you are applying for at this time or if you have any changes to current information.**

PERSONAL DATA					
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER	DATE	
PREFERRED NAME/NICKNAME		EMAIL ADDRESS			
CURRENT ADDRESS (NUMBER & STREET)		COUNTY	TELEPHONE NUMBERS		
			HOME	CELL	
CITY		STATE	ZIP CODE		
LIST ALL RELATIVES WHO WORK FOR THE HOSPITAL (NOTE: The employment of a relative is not a qualification for employment and will not result in preference in employment)					
NAME	RELATIONSHIP	DEPARTMENT			
If you are under 18, do you have a work permit?				Yes	No
Do you have, or will you have at the beginning of your employment (if hired), the legal right to remain and work in the United States?				Yes	No
Do you hold a professional registration, license, or certification?				Yes	No
If yes, Type(s) _____ State(s) _____ Number(s) _____					
Expiration Date(s) _____					
Have you ever been employed by Henry County Hospital/HCH Diversified Management Corp?				Yes	No
If yes, From: _____ To: _____ Position: _____ Supervisor: _____					
Reason for leaving: _____					

Have you ever been convicted of or pled guilty or no contest to a felony, misdemeanor or any offense other than a minor traffic violation? (a conviction will not necessarily disqualify you from consideration. However, failure to fully disclose will result in denial or termination of employment)	Yes	No
Are any criminal charges now pending against you?	Yes	No
Have you ever had any professional registration, license or certification suspended or revoked?	Yes	No
Have you ever informally resolved any recommended or potential adverse action involving your professional registration, license or certification?	Yes	No
Are any professional registration, licensure or certification actions now pending against you?	Yes	No
Has any action been taken against you that excludes or has excluded you from participation in any federal or state government healthcare program, including but not limited to Medicare?	Yes	No
Have you ever been named as a defendant in a civil legal action involving your professional competence?	Yes	No
If you answered "yes" to any of these questions, please explain: (use back of form if necessary)		

**EMPLOYMENT INFORMATION**

Position applying for:					
Shifts you are available to work:	Full-Time	Part-Time	Weekend Option	PRN/Temporary	Summer Help
Date you are available to work:	Do you have, or can you obtain, reliable transportation to work?			Yes	No

**EDUCATIONAL BACKGROUND**

SCHOOL	NAME	CITY	STATE	DEGREE	YEARS COMPLETED	MAJOR/COURSE OF STUDY
HIGH SCHOOL						
COLLEGE						
GRADUATE						
TRADE, BUSINESS, CORRESPONDENCE OR VOCATIONAL						

**MILITARY SERVICE**

BRANCH	RANK AT DISCHARGE	DATES OF SERVICES

**SKILLS/EXPERIENCE**

JOB RELATED SKILLS				
SPECIAL SKILLS APPLICABLE TO JOB FOR WHICH YOU HAVE APPLIED				
OFFICE EQUIPMENT YOU OPERATE				
WORKING KNOWLEDGE OF COMPUTER SOFTWARE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMPETENCY LEVEL	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	
IF YES WHAT PROGRAMS	<input type="checkbox"/> MS WORD	<input type="checkbox"/> MS EXCEL	<input type="checkbox"/> MS POWERPOINT	<input type="checkbox"/> MS ACCESS
OTHER (list) _____				

**EMPLOYMENT HISTORY**

**PLEASE COMPLETE ALL INFORMATION, EVEN IF A RESUME IS ATTACHED. List present or most recent employer first, followed by the previous employers. Give a complete record of all employment and reasons for periods of unemployment during the past 10 years.**

Employer	Dates of employment:	
	From:	To:
Address:	May we contact this employer? Yes No	
	Reason for leaving:	
Employer Phone No.:	Name/Title of supervisor	
	Starting Pay:	Ending Pay:
Job Title/Summarize the nature of the work performed and job responsibilities:		

Employer	Dates of employment:	
	From:	To:
Address:	May we contact this employer? Yes No	
	Reason for leaving:	
Employer Phone No.:	Name/Title of supervisor	
	Starting Pay:	Ending Pay:
Job Title/Summarize the nature of the work performed and job responsibilities:		

Employer	Dates of employment:	
	From:	To:
Address:	May we contact this employer? Yes No	
	Reason for leaving:	
Employer Phone No.:	Name/Title of supervisor	
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Employer	Dates of employment:	
	From:	To:
Address:	May we contact this employer? Yes No	
	Reason for leaving:	
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