



EMPLOYMENT APPLICATION

1600 1st Street E
Independence, IA 50644
(319) 332-0999
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hr@bchealth.info

An Equal Opportunity Employer

NOTICE TO APPLICANTS FOR EMPLOYMENT

We are pleased that you have chosen to apply for a job with Buchanan County Health Center.

Buchanan County Health Center is an equal opportunity employer. It is the policy of this hospital to consider all applicants for employment based on their qualifications in light of job vacancies. Our hospital fully complies with all applicable laws which prohibit discrimination on the basis of race, color, religion, gender, nation origin, age, veteran or disability status.

You may be expected to successfully pass a drug screen test as a part of the application process. For the safety of our current and future employees, we intend for this to be a drug-free workplace.

To be sure that your application receives full consideration, you must fill it in completely and accurately. Applications are considered active for thirty (30) days from the date they are filed. After thirty (30) days, the applications are retired to an inactive file and held in an inactive status for a period of time required by law. If you have not been hired within thirty (30) days of the date you file your application and you wish to be considered for jobs that become available after that date, you must return to the facility and complete a new application or update your old application.

We have also included with your application an Equal Employment Opportunity survey. The purpose for this survey is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on this information. The completion of this survey is optional. If you choose to volunteer the requested information, please note that all surveys are kept in a confidential file and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY INFORMATION ON THIS SURVEY WILL NOT AFFECT ANY EMPLOYMENT DECISION.

This questionnaire must be completed by all applicants for employment. Failure to provide complete and accurate information in this application, or in an interview, may disqualify an applicant from further consideration or delay the presentation of an offer of employment.

PERSONAL

| | | | | |
|-------------------|------------|------------|----------------|----------|
| Last Name | First Name | M.I. | | |
| Present Address | Street | City | State | Zip Code |
| Permanent Address | Street | City | State | Zip Code |
| Home Phone | Work Phone | Cell Phone | E-mail Address | |

List any other names under which employment records or education may be listed:

JOB INTEREST

Position Applied for: _____ Department Applied for: _____

Are you available to work Full-Time Part-Time # Hrs/Wk? _____ Salary Desired _____

How did you learn about the position? Newspaper BCHC Website Walk In Personnel Announcement
 Friend Employment Service _____
 Employee _____ Other _____

Have you ever filed an application with BCHC? Yes No If yes, date: _____

Have you ever interviewed at BCHC? Yes No If yes, date: _____

Have you ever been employed by BCHC? Yes No If yes, dates of employment: _____
 Manager _____ Department _____

Do you have any relatives employed by our company? Yes No
 If yes, please list name: _____

WORK STATUS

Are you legally authorized to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you under age 18? Yes No

If so, employment may be subject to your ability to provide appropriate working papers or permit.

VETERAN'S PREFERENCE

Are you a U.S. Veteran? Yes No

Dates of active duty _____

Are you a member of the reserves or National Guard? Yes No

Those wishing to claim veteran's preference MUST SUBMIT PROOF OF SERVICE (DD 214) which includes dates of active duty.

CRIMINAL RECORDS/DRIVING RECORDS

Has your driver's license been suspended or revoked during the past year? Yes No

If yes, please explain: _____

Have you been convicted or have you pled guilty to two or more moving traffic violations in the past two years? Yes No

Do you have a record of founded child or dependent adult abuse, in this state or any other state? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation, in this state or any other state? (Exclude any sealed, expunged, or statutorily eradicated convictions. Convictions do not automatically disqualify you from employment. The nature and date of the conviction and the type of job for which you are applying will be considered.) Yes No

If yes, state the nature of the crime, when and where convicted, and the disposition of the case: _____

EDUCATION

List your educational background, beginning with High School. Please include technical school and military training, etc.

| Name and Location of School | Major/Degree | Graduate |
|-----------------------------|--------------|--|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

List any vocational or business-related courses and training.

List any in-service training or instruction courses or programs you have completed with other employers.

If a license, certification or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of those appropriate documents.

REFERENCES

Please list persons whom we may contact who know your employment qualifications, such as present or former supervisors, former teachers or professors, or associates now with our organization. Do not list relatives.

| Name | Company | Telephone | Title |
|------|---------|-----------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

EMPLOYMENT

Please complete this section in full, even if you have a resume. List all employment and activities, including self-employment. Use additional paper if necessary.

Are you currently employed? Yes No
 May we contact your present employer? Yes No

If you answer "NO" and we need to contact your present employer before we can offer you a position, we will contact you first.

| | | | |
|--|--------------------------|--------------------|--|
| Employer | Name/Title of supervisor | From: (month/year) | |
| Address | City State Phone # | To: (month/year) | |
| Your position, title and description of duty | | Base Pay | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| | | Reason for leaving | |
| Employer | Name/Title of supervisor | From: (month/year) | |
| Address | City State Phone # | To: (month/year) | |
| Your position, title and description of duty | | Base Pay | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| | | Reason for leaving | |
| Employer | Name/Title of supervisor | From: (month/year) | |
| Address | City State Phone # | To: (month/year) | |
| Your position, title and description of duty | | Base pay | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| | | Reason for leaving | |
| Employer | Name/Title of supervisor | From: (month/year) | |
| Address | City State Phone # | To: (month/year) | |
| Your position, title and description of duty | | Base Pay | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| | | Reason for leaving | |
| Employer | Name/Title of supervisor | From: (month/year) | |
| Address | City State Phone # | To: (month/year) | |
| Your position, title and description of duty | | Base pay | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| | | Reason for leaving | |

Have you ever been discharged or forced/permitted to resign from a job? Yes No

If yes, please explain: _____

Identify and explain all periods of unemployment that are 30 days or longer. Dates (from/to): _____/____ Reason: _____
 Dates (from/to): _____/____ Reason: _____

PRE-EMPLOYMENT STATEMENT

I HEREBY CERTIFY that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

I understand that all statements submitted on this application are subject to investigation and verification by Buchanan County Health Center, and I authorize Buchanan County Health Center and/or its representative to verify all records pertaining to my background. I also agree to release Buchanan County Health Center and its representatives from any liability arising from such investigation.

I understand that any offer of employment made to me by Buchanan County Health Center, whether accepted or not, is contingent upon investigation of this application, including the results of a reference and/or background check or drug testing as required. I authorize the persons, schools, law enforcement agencies and other organizations or employers named in this application to provide information requested by Buchanan County Health Center in its processing of this application. I agree to provide, upon request by Buchanan County Health Center, written releases and waivers of confidentiality should any former employer or school require such a release.

I understand that Buchanan County Health Center may conduct a criminal, dependent adult abuse, and/or child abuse record check.

I understand that any withholding of information or misrepresentation on this application or on Buchanan County Health Center medical forms could result in rejection for employment, or if employed, termination from Buchanan County Health Center.

I understand that I will also be asked to provide original documentation establishing lawful employment authorization, and to certify to such, as required under the Immigration Reform and Control Act of 1986.

I understand that my application for employment (including, but not limited, to this application form, the granting of any interview, or the fact or content of any interview) is not intended to, and shall not be construed to, create between Buchanan County Health Center and me a contract of employment or for the provision of benefits. If an employment relationship is established between Buchanan County Health Center and me, I understand that I will be an employee at will, meaning that either Buchanan County Health Center or I may terminate the employment relationship at any time and without reason, notice, and any further obligations.

I certify the statements made here, as well as in any interview I may have, are complete and accurate to the best of my knowledge. (A photocopy or fax of this authorization shall be considered as effective and valid as the original.)

Signature _____ Date _____

Signature _____ Date _____
Signature of preparer (if the application is completed by someone other than the applicant).

FOR OFFICE USE – DO NOT WRITE BELOW THIS LINE

Notes: _____

Hire Date: _____:
Start Date: _____
Wage: _____
Shift(s): _____
Full or Part Time (#/10): _____
Hours per Pay Period: _____



EQUAL EMPLOYMENT OPPORTUNITY

VOLUNTARY SELF-IDENTIFICATION

Thank you for applying for employment with Buchanan County Health Center. Buchanan County Health Center is an equal opportunity and affirmative action employer. Completion of this form is voluntary and is not a requirement for employment. This information will in no way affect the decision regarding your application for employment. This information will be kept confidential and maintained separate from the application form. We hope that you will complete this form to assist us in recording information for statistical reports that we are obliged to file periodically with various governmental agencies. We collect the information on this form to comply with government contractor record keeping regulations. You are not required to provide this information in order to be hired by Buchanan County Health Center. This information will not be used to evaluate you for hire.

Gender

- Male Female

Age

- 21 or less years 46-55 years
 22-25 years 56-64 years
 26-35 years 65 years and over
 36-45 years

Highest Level of Education

- Finished 0-8 years College, less the B.A. or B.S. degree
 9-12 but am not a high school graduate B.A. or B.S., or similar degree
 High School graduate or GED from a state department of education M.A., or similar professional degree
 Post high school vocational or business school training PHD, JD, LLB or similar professional degree

Do you consider yourself a person with a disability? (Answer is strictly voluntary)

- No
 Yes: _____

Race/Ethnic Group

- Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.
 African American – Persons having origins in any Black racial groups of Africa.
 Native American or Alaska Native – Persons having origins in any of the original peoples of North America and who maintain cultural identifications through tribal affiliation or community recognition.
 Hispanic or Latino, White Race Only – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, and of the White race.
 Hispanic or Latino, All Other Races – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins, and of any race other than White.
 Caucasian, not of Hispanic origin – Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 Other

Veteran Status

- Vietnam Era Veteran (Served between August 5, 1964 and May 7, 1975)
 Non-Veteran
 Other Veteran

- I have read and understand the above and choose not to respond at this time.

Name

Date