Pocahontas Community Hospital
606 NW 7th Street
Pocahontas, Iowa 50574
712-335-3501

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Position Applied for:	Date of Application:

Last Name:	First Name:	Middle Name:
Address:	City:	State/Zip Code:
Telephone Numbers(s): Home: Work: Cell:	Social Security Number:	
Email:	PCH Employee who referred me:	

In Case of Emergency Notify:

Name:	Phone number:
Address:	

On what date would you be available to work? _____

Are you available to work? ☐ Full time ☐ Part time ☐ Temporary
☐ Days ☐ Evening ☐ Nights ☐ Weekends

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have ever been employed with PCH before? ☐ Yes ☐ No
If YES, give the date(s) _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from becoming employed in this country because of Visa or Immigration Status? (proof of citizenship or immigration status will be required upon employment) ☐ Yes ☐ No

Do you have a record of founded child or dependent adult abuse? ☐ Yes ☐ No

Have ever been convicted of a crime, in this state or any other state? ☐ Yes ☐ No
(Conviction will not necessarily disqualify an applicant from employment.)
If YES, please explain: _____

Military Service		
Branch of Service:	Active Duty Dates:	Service Schools
Specialized Training:		

Do you speak, read and/or write in any Foreign Languages? ☐ Yes ☐ No

If Yes, please list: _____

EDUCATION

School	School Name and Location	Years Completed	Graduated Yes	Graduated No	Diploma/Degree Received	Describe Course of Study
High School						
Undergrad./ College/ University						
Graduate/ Professional						
Other (Specify)						

Professional Registration, Licensure, Accreditation or Certification				
State	**Registration Number**	**Date of Expiration**	**Type**	**Date Verified (office use)**

☐ CPR ☐ Mandatory Adult and Child Abuse Education

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

_____

_____

_____

Specialized Skills - check skills/equipment operated

Computer Applications- List programs used		Typewriter	Other:
		Multi-line Phone Systems	
	Fax		Calculator

R	Name:	Occupation:	Address:
e		Phone:	
f			
e			
r			
e			
n			
c			
e			
	Name:	Occupation:	Address:
		Phone:	

EMPLOYMENT EXPERIENCE

Give a complete record of all employment and reasons for periods of unemployment during past ten years. Start with most recent employment. Give U.S. experience only.

Last employment first (month/year)		Employer's name, address, telephone number	Last salary and position held	Reason for leaving
From	To	Employer:	Supervisor:	
		Address:	Position:	
		Phone Number:	Salary:	
From	To	Employer:	Supervisor:	
		Address:	Position:	
		Phone Number:	Salary:	
From	To	Employer:	Supervisor:	
		Address:	Position:	
		Phone Number:	Salary:	
From	To	Employer:	Supervisor:	
		Address:	Position:	
		Phone Number:	Salary:	

From	To	Employer:	Supervisor:	
		Address:	Position:	
		Phone Number:	Salary:	

Please list any other information you feel pertinent to your application.

Applicants Statement:

I understand that this is an application for employment and that no employment contract is being offered at this time. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, or if employed, immediate termination of employment.

It is my understanding that the hospital will make a through investigation of my entire work and personal history and may verify all data given in my application for employment, related paper, or interviews. I authorize such investigation and the giving and receiving of any information requested by the hospital and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to disciplinary action or dismissal.

I understand that I must be able to perform the position tasks for which I've applied. I must complete a pre-placement physical examination by a qualified medical physician and flexibility screening by the hospital Physical Therapist at no cost to me. Also, if employed, I must complete future physical examinations as required by the hospital at my own cost. I authorize any physician or hospital to release any information verbally or in writing, which may be necessary to determine my abilities to satisfactorily perform the job duties I am applying for are and are employed therein.

I further agree that if employed, I will serve the hospital to the best of my abilities and abide by the established policies. I understand that if I do not, I may be subject to disciplinary action and /or dismissal.

Applicant's Signature Date