

Are you applying for: _____ Full-time _____ Part-time _____ PRN

Which shift/hours are you available to work? _____

Salary requirements: _____ Date available to start: _____

Many positions at River Park may involve overtime, rotational, weekend and holiday work. Do you have any restrictions on working such hours? Yes _____ No _____ If yes, please explain: _____

Do you have relatives employed at River Park? Yes _____ No _____ If yes, please specify:

Name _____ Relationship _____ Department _____

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Have you ever been found guilty of a felony or misdemeanor? Yes _____ No _____
 (NOTE: A "yes" answer does not *automatically* disqualify you from employment since the nature of the offense and the type of job for which you are applying will be considered.) *If yes, fully explain the circumstances. (Use additional paper if necessary.) We will verify this information.*

YOUR EDUCATION:

	School/City and State	Major	Number of Years Attended	Type of Degree/Diploma Received
High School/GED				
Undergraduate College/University				
Undergraduate College/University				
Graduate School				
Technical School				

PROFESSIONAL CREDENTIALS:

License held: _____
 Type of License _____ State _____ Number _____ Exp. Date _____

Registration held: _____
 Type of Registration _____ State _____ Number _____ Exp. Date _____

Certification held: _____
 Type of Certification _____ State _____ Number _____ Exp. Date _____

Have you ever held licensure, registration or certification in other states? _____ If so, please list below:

EMPLOYMENT HISTORY

Please list all previous employment and provide all requested information. Begin with your most recent job and do not omit any employment information. You must explain all gaps in employment. **Attaching a resume for this section is not sufficient. Employment information must be recorded herein.**

May we contact your current employer? Yes No

Name of Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

_____ Full-Time _____ Part-time _____ PRN _____ Temp _____

Phone: (_____) _____ Responsibilities: _____

Employed from ____/____/____ to ____/____/____

Ending Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

_____ Full-Time _____ Part-time _____ PRN _____ Temp _____

Phone: (_____) _____ Responsibilities: _____

Employed from ____/____/____ to ____/____/____

Ending Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

_____ Full-Time _____ Part-time _____ PRN _____ Temp _____

Phone: (_____) _____ Responsibilities: _____

Employed from ____/____/____ to ____/____/____

Ending Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

_____ Full-Time _____ Part-time _____ PRN _____ Temp _____

Phone: (_____) _____ Responsibilities: _____

Employed from ____/____/____ to ____/____/____

Ending Salary: _____

Reason for Leaving: _____

If you have any additional experience you would like to describe, or if one page is insufficient to relay all previous employment information, please make additional copies of this sheet and complete accordingly.

SPECIAL SKILLS/KNOWLEDGE (check all that apply):

<input type="checkbox"/> Software applications used: _____	<input type="checkbox"/> Accounting
<input type="checkbox"/> _____	<input type="checkbox"/> MediTech
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Skilled Labor: _____
<input type="checkbox"/> Typing Speed _____ Last test date: _____	<input type="checkbox"/> Supervision: _____
<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Foreign language: _____
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Sign language

Are you an ineligible person - an individual or entity who is currently excluded, debarred, or otherwise ineligible to participate in federal healthcare programs or has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible?
 _____ Yes _____ No

Are you able to perform the essential functions of the position(s) for which you have applied with or without reasonable accommodation?
 _____ Yes _____ No

Have you ever served in the United States Armed Forces? _____ Yes _____ No If yes, briefly describe your military duties: _____

Occasionally area physicians request us to provide applicant information to them when they have an available position. If you **object** to having your application forwarded, please initial here.

APPLICANT STATEMENT

I hereby affirm that the information I have provided in this application (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment

I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between River Park Hospital and myself. No promises regarding employment or duration of employment have been made to me.

I understand that any offer of employment will be conditional on successful completion of a number of pre-employment requirements, including a criminal background check, drug screen, verification of credentials and experience, attendance at a general orientation program, and any other requirements specified by River Park Hospital. I understand that if any employment relationship is established, either River Park or I have the right to terminate the relationship at any time and for any reason.

By submitting this application, I authorize River Park Hospital or its representatives to investigate and verify any and all of the information contained in this employment application, including a criminal background check and inquiry into the EPLS and OGI sanction lists. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment. I hereby release all investigators, previous employers, schools, organizations, individuals and River Park Hospital from any liability for providing or receiving such information.

Signature: _____ Date: _____

River Park Hospital complies with all applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of citizenship, race, color, religion, sex, sexual orientation, age, national origin, disability or veteran status. No question or item on this application for employment is intended to secure information to be used for such discrimination. Information obtained through this application will be used solely to determine qualifications and suitability for employment. **This application will be valid for a period of 90 days from date of completion.**

-----**FOR OFFICE USE ONLY**-----

Expected Hire Date: _____ **Status (circle one):** FT PT PRN TEMP
 Dept. # _____ (Cost Center) Shift: _____ Hourly Base Rate: _____
 Position Title _____ Replacement for: _____
 Other job conditions discussed w/applicant (i.e., rotating shifts, weekends, holidays) _____
 Scheduled for Orientation _____ Substance Screening Date _____
 Department Head Signature/Date _____



Applicant Disclosure

Are you an ineligible person - an individual or entity who is currently excluded, debarred, or otherwise ineligible to participate in federal healthcare programs or has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred, or otherwise declared ineligible? _____Yes _____No

Applicant Signature

Date

Applicant Name (Print)