



Fayette Regional Health System

1941 Virginia Avenue | Connersville, IN 47331

www.fayetteregional.org

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Fayette Regional Health System ("FRHS") is an equal opportunity employer. Applicants are considered for employment without regard to race, religion, age, sex, color, national origin, ancestry, citizenship, disability, uniformed service, union bias or any other protected class in full compliance with applicable law. Further, FRHS will reasonably accommodate religious practices and otherwise qualified individuals with known disabilities in full compliance with applicable law.

The use of this form does not mean there are positions open and does not obligate FRHS in any way. Your employment application will be considered active for sixty (60) days. You must reapply if you wish to be considered for employment beyond this period of time.

Please Print Legibly

PERSONAL

Name: Last _____ First _____ Middle _____ Social Security Number _____

Street Address _____ City/State _____ Zip Code _____

Telephone Number _____

*E-Mail Address _____
*(optional: please indicate if you wish to be contacted by e-mail)

Position(s) Applying For: _____ Wage/Salary Expected: _____

How did you hear about employment opportunities with FRHS?
 Referred by current employee newspaper _____ FRHS website CareerBuilder other _____

Have you ever applied for employment with FRHS? Yes No
If yes, give approximate date(s): _____

Have you ever been employed by FRHS? Yes No
If yes, give names under which you were employed and approximate date(s) of employment: _____

Are you available to work: Full time Part time Temporary PRN (as needed) Overtime On-call Weekends
If Part time, specify days and hours: _____

Shift Preference: First (days) Second (evenings) Third (nights) Any

Are there any days/times that you would not be available for work? _____

On what date would you be available for work? _____

Can you obtain reliable transportation to work assignments? Yes No

Are you on a layoff and subject to recall at another employer? Yes No

Are any of your relatives employed by us? Yes No
If yes, give name(s) and department(s)/positions(s): _____

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

Are you 18 years of age or older?

Yes No

*Have you ever been convicted of or pled guilty or no contest (*nolo contendere*) to any crime ("crime" includes, without limitation, any felony or misdemeanor)? (*A conviction will not necessarily disqualify you from consideration. However, failure to fully disclose will result in immediate denial or termination of employment*)

Yes No

*Are any criminal charges now pending against you?

Yes No

*Are you currently the subject of a criminal investigation?

Yes No

What professional licenses, certifications or registrations do you possess? (Please identify by type, State of issue, number, status (active or inactive), and give date(s) of expiration):

Type(s): _____

State(s): _____

Number(s): _____

Expiration Date(s): _____

*Have you ever had any professional license, certification or registration revoked, suspended, or restricted in any manner?

Yes No

*Have you ever personally or informally resolved any recommended or potential adverse action involving your professional license, certification or registration?

Yes No

*Are any professional licensure, certification or registration actions now pending against you?

Yes No

*Are you or have you ever been excluded from participation in any government healthcare program, including but not limited to Medicare or Medicaid?

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 the questions beginning with an asterisk (*), please explain on one or more sheets of additional paper.

EDUCATION

Type of School	Name of School	City and State	Number of Years Completed	Graduate?		Course Pursued/Degrees Granted
				Yes	No	
College or University						
Business, Trade, Correspondence, Technical or Special School or College						
High School						
Junior High/ Middle School						

EMPLOYMENT HISTORY

Starting with present or most recent employer, please list ALL previous employers. Include self-employment, military service, summer, and part-time jobs of any duration. If you need more space, continue on one or more additional sheets of paper. Please complete **all** information, even if a resume is attached.

Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone ()	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor	Final	

Have you ever worked or gone to school under a different name? Yes No

If so, please list all names under which you have gone to school or worked:

May we contact each of the employers and military branches identified above? Yes No

If not, please identify which ones you do not want us to contact, and explain why you prefer that we not contact that employer or military branch:

Have you ever been discharged, asked to resign from any position, or resigned from any position while you were under investigation for any reason? Yes No

If yes, please identify the employer and explain:

Have you ever been disciplined at a place of employment?
If yes, please identify the employer and explain:

Yes No

List any special job-related skills and qualifications acquired from education, employment, volunteer work or military service:

List specific skills or office machines, tools, machinery, or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying:

PERSONAL REFERENCES

List the name, address and telephone number of three references who are **not** previous employers and are **not** related to you who would know your work history, work ethic, etc.

Name	Address	Telephone No.
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Name	Address	Telephone No.
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Name	Address	Telephone No.
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APPLICANT AUTHORIZATION AND CERTIFICATION

(Please indicate that you have read and understand each paragraph of the Applicant Authorization and Certification by placing your initials beside each paragraph.)

Initials

_____ I certify that I completed this application for employment with Fayette Regional Health System ("FRHS"), that all information contained on this application is true and complete to the best of my knowledge, and that I have withheld nothing that would affect this application unfavorably. I understand that false, misleading, or incomplete information provided on this application or during the application process (including but not limited to during any interview) likely will result in my not being considered for employment with FRHS or, if I am already employed, in the termination of my employment with FRHS.

_____ I authorize FRHS and its designees to investigate all information provided on this application and/or during the application process (including but not limited to during any interview), and I release FRHS from any and all liability for obtaining, reviewing or using such information as it deems appropriate, in its sole discretion, for considering my application for employment. I understand that an investigation may be made and information may be obtained through several sources, including but not limited to interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, my educational background, and information about my work performance and attendance and workplace conduct.

_____ I hereby voluntarily, in connection with this application, authorize anyone FRHS 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 FRHS or its agents, and I release them from any and all liability for disclosing such information (including but not limited to any liability for damages that may result from their furnishing information about me or any action FRHS takes on the basis of such information).

_____ I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to undergo a physical examination, Mantoux TB test, drug and/or alcohol screens, and I hereby authorize any and all doctors, hospitals, clinics, laboratories and other medical facilities to provide FRHS with any medical information about me that FRHS requests in connection with my application for employment. I understand that a positive result indicating the illegal use of drugs (which includes but is not limited to use of a prescription drug without a prescription) likely will result in the withdrawal of any offer of employment.

____ I understand that all individuals who are hired must, as a condition of their employment, produce certain documentation to verify their identity and their legal authorization to work in the United States. I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

____ I understand that this application is not, and is not intended to be, a contract of employment and that, if I am employed by FRHS, my employment will be for no fixed period of time and may be terminated at any time by me or by FRHS, with or without cause or notice. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that FRHS may, within its sole discretion, modify, amend or terminate such policies, practices, benefits plans and/or other programs within the limits and requirements imposed by law. I understand that no representative of FRHS, other than FRHS's President and CEO, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

Signature of Applicant

Date: _____

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER **60 DAYS**

FOR PERSONNEL USE ONLY

Reference Checks:	Sent:	Received:	By phone:
	1) _____	1) _____	1) _____
	2) _____	2) _____	2) _____
	3) _____	3) _____	3) _____

Date Application Received: _____ Date Interviewed: _____

Date Job Offered: _____ Date Offer Accepted/Declined: _____

Job Title: _____ Hours/Pay Period: _____

Starting Date: _____ Department/Unit: _____

Wage/Salary: _____ Shift: _____

Comments: _____

All entries in this section must be initialed and dated by staff making the entry