



MARSHALLTOWN MEDICAL & SURGICAL CENTER

3 SOUTH FOURTH AVENUE
MARSHALLTOWN, IOWA 50158

**APPLICATION FOR EMPLOYMENT
(GENERAL)**

| APPLICANT INFORMATION | | | |
|------------------------------|----------------|-------|------------------------|
| NAME (Last, First, Middle) | | | Date |
| ADDRESS (Number, Street) | | | |
| CITY | | STATE | ZIP |
| HOME TELEPHONE NUMBER | MESSAGE NUMBER | | SOCIAL SECURITY NUMBER |

| JOB PREFERENCE | | |
|--|---|---|
| POSITION(S) YOU ARE APPLYING FOR | | |
| FIRST CHOICE _____ SECOND CHOICE _____ | | |
| WILLING AND ABLE TO WORK: ____ FULL-TIME ____ PART-TIME ____ CALL-IN | WILLING AND ABLE TO WORK: ____ DAYS ____ EVENINGS ____ NIGHTS ____ WEEKENDS | IF APPLICATION IS CONSIDERED FAVORABLE, ON WHAT DATE WOULD YOU BE AVAILABLE TO WORK? _____ |
| WERE YOU EVER EMPLOYED BY MMSC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, | | |
| DATES OF EMPLOYMENT FROM: ____/____/____ TO: ____/____/____ FROM: ____/____/____ TO: ____/____/____ | | |
| POSITION(S) HELD: _____ | | |
| PRIOR NAME(S) (IF APPLICABLE): _____ | | |
| DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE OR HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THIS OR ANY OTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| IF YES, PLEASE EXPLAIN _____ | | |
| IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

EDUCATION

| SCHOOL | ADDRESS | DATES FROM - TO | DID YOU GRADUATE? | SPECIAL COURSE MAJOR FIELD |
|-------------------------------|---------|----------------------|---|---------------------------------|
| HIGH SCHOOL | | FROM: / / TO: / / | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| NURSING SCHOOL | | FROM: / / TO: / / | <input type="checkbox"/> YES <input type="checkbox"/> NO | — Associate — Bachelor |
| COLLEGE/UNIVERSITY | | FROM: / / TO: / / | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PROFESSIONAL/TECHNICAL SCHOOL | | FROM: / / TO: / / | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER (CERTIFICATE PROGRAMS) | | FROM: / / TO: / / | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

WORK EXPERIENCE

Please List Work Experience Starting With Your Present Or Last Job

| | | | |
|---|-------|--|------------------------------------|
| COMPANY NAME | PHONE | DATES EMPLOYED | GENERAL JOB RESPONSIBILITIES |
| ADDRESS | | FROM: / / TO: / / | WERE YOU EVER DISCIPLINED? EXPLAIN |
| JOB TITLE | | HOURLY RATE/SALARY START FINAL | |
| SUPERVISOR (May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO) | | | REASON FOR LEAVING? |
| COMPANY NAME | PHONE | DATES EMPLOYED | GENERAL JOB RESPONSIBILITIES |
| ADDRESS | | FROM: / / TO: / / | WERE YOU EVER DISCIPLINED? EXPLAIN |
| JOB TITLE | | HOURLY RATE/SALARY START FINAL | |
| SUPERVISOR (May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO) | | | REASON FOR LEAVING? |
| COMPANY NAME | PHONE | DATES EMPLOYED | GENERAL JOB RESPONSIBILITIES |
| ADDRESS | | FROM: / / TO: / / | WERE YOU EVER DISCIPLINED? EXPLAIN |
| JOB TITLE | | HOURLY RATE/SALARY START FINAL | |
| SUPERVISOR (May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO) | | | REASON FOR LEAVING? |
| COMPANY NAME | PHONE | DATES EMPLOYED | GENERAL JOB RESPONSIBILITIES |
| ADDRESS | | FROM: / / TO: / / | WERE YOU EVER DISCIPLINED? EXPLAIN |
| JOB TITLE | | HOURLY RATE/SALARY START FINAL | |
| SUPERVISOR (May We Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO) | | | REASON FOR LEAVING? |

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

YES NO

PROFESSIONAL LICENSURE OR REGISTRATION

| TYPE | STATE | NUMBER | EXPIRATION DATE |
|------|-------|--------|-----------------|
|------|-------|--------|-----------------|

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED?
 YES NO IF YES, PLEASE EXPLAIN _____

IF A CNA, HOW MANY HOURS OF TRAINING HAVE YOU HAD? _____ CNA REGISTRY #: _____
BCLS (CPR) EXPIRATION DATE: ____/____/____ DATE OF LAST MANDATORY ABUSE TRAINING: ____/____/____

DO YOU HAVE ANY OTHER CERTIFICATIONS OR TRAINING APPLICABLE TO YOUR FIELD OF INTEREST? (LIST HERE)

PLEASE PROVIDE COPIES OF LICENSE, CERTIFICATIONS, REGISTRY MATERIAL AND ABUSE TRAINING

ADDITIONAL SKILLS

Please List Any Additional Skills Which May Be Applicable To The Job For Which You Are Applying

APPLICANT AUTHORIZATION

Please Read The Following Statements Carefully And Sign In The Space Provided

I authorize investigation of all information contained in the Application for Employment. I affirm that all information contained in this document is true and complete and that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal or refusal of employment.

I hereby consent to a physical examination and submit to a drug test, authorize a criminal and abuse record review, and have my references verified. I understand that any offer of employment that may be extended is conditional based upon the results of this investigation. I release the hospital from any and all liability or claims that I may have in connection with the employment procedure.

I understand that should I accept employment with Marshalltown Medical & Surgical Center, I will be employed "at will" and not under a contract of employment for a specified duration. This means either the hospital or I can terminate our employment relationship at any time, for any reason. I further understand and acknowledge that the "at will" nature of my employment shall remain in effect, notwithstanding any oral statement or representation to the contrary by any supervisor, hospital official or agent.

APPLICANT SIGNATURE

INITIALS

DATE

Marshalltown Medical & Surgical Center is an equal opportunity employer and will consider applicants based on their particular qualifications without regard to race, color, religion, national origin, age or disabilities.

HOW WERE YOU REFERRED TO MARSHALLTOWN MEDICAL & SURGICAL CENTER?

EMPLOYEE FRIEND OR RELATIVE NEWSPAPER COLLEGE VISITATION COLLEGE BULLETIN BOARD OTHER

NAME OF REFERRAL: _____

IMPORTANT



INSTRUCTIONS TO THE APPLICANT:

The attached form is the Employment Reference Request. You will need to make three copies and complete the top portion of each form. It is important that you print clearly and return the forms with your application. We will mail these forms out to the individuals you have listed.

Ideally, we would like three references of individuals who you currently report to or have reported to during your employment. If you have recently completed your education and training in a specific field, classroom or clinical instructors may be used.

Confidential

Employment Reference Request



Marshalltown Medical & Surgical Center
Attn: Human Resources Department
3 South Fourth Avenue
Marshalltown, IA 50158
Telephone:(641)754-5113! Fax: (641)753-2570

Instructions to applicant: Complete ALL spaces in the top portion of this form and return with your application.

Applicant's Full Name: _____

Were you employed under the above name with the employer to whom this reference is being sent? If not, under what name were you employed? _____

Position Applied for with MMSC: _____

Previous/Current Employer: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Employment Dates: From _____ To _____ Position Held: _____

I hereby authorize my previous/current employer, listed above, to provide information regarding my previous/current employment. I release the above said employer and Marshalltown Medical & Surgical Center from all liability or claims which may result from such release of information.

Applicant Signature: _____ Date: _____

Instructions to previous/current employer: The person named above has applied for a position with Marshalltown Medical & Surgical Center. Your confidential reply is requested. **Please complete the sections below and fax back to us (641/753-2570) at your earliest convenience or return in the postage paid envelope. Thank you for your assistance and time.**

Employment Dates: From _____ To _____
Position Held: _____
Eligible for rehire? Yes _____ No _____ Any attendance concerns? Yes _____ No _____

Job Knowledge

Above Average Below
Average Average Average

Attitude

Above Average Below
Average Average Average

Cooperation

Above Average Below
Average Average Average

Ability to work with others

Above Average Below
Average Average Average

Job Performance

Above Average Below
Average Average Average

Initiative

Above Average Below
Average Average Average

Dependability/Responsibility

Above Average Below
Average Average Average

Flexibility with work schedule

Above Average Below
Average Average Average

Additional Comments: _____

Signature

Title

Date