



MARSHALLTOWN MEDICAL & SURGICAL CENTER

3 SOUTH FOURTH AVENUE
MARSHALLTOWN, IOWA 50158

**APPLICATION FOR EMPLOYMENT
(REGISTERED NURSE)**

APPLICANT INFORMATION

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

JOB PREFERENCE

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

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

YES NO

PROFESSIONAL LICENSURE OR REGISTRATION

TYPE	STATE	NUMBER	EXPIRATION DATE
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HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED?

YES NO IF YES, PLEASE EXPLAIN _____

BCLS (CPR) EXPIRATION DATE: ___/___/___ ACLS EXPIRATION DATE: ___/___/___

PALS 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, OR 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?

- | | | |
|--|---|---|
| <input type="checkbox"/> NationJob.com | <input type="checkbox"/> www.everydaychampions.org | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> MCC Bulletin Board |
| <input type="checkbox"/> College Visitation/Recruitment Fair | <input type="checkbox"/> Workforce Development Center | |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Other _____ | |

Name of Referral _____

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 _____

<p>Job Knowledge</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>	<p>Job Performance</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>
<p>Attitude</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>	<p>Initiative</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>
<p>Cooperation</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>	<p>Dependability/Responsibility</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>
<p>Ability to work with others</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>	<p>Flexibility with work schedule</p> <p><input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average</p>

Additional Comments:

Signature

Title

Date