

APPLICATION FOR EMPLOYMENT

Personal Information

Date of Application _____ Date Available _____

Name _____
Last First Middle

Present Address _____ Phone Number _____
Street City State Zip Code

Permanent Address (if different than Present Address) _____ Phone Number _____
Street City State Zip Code

If you cannot be reached at above phone number, where may we contact you? Name of Person _____ Phone _____

Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		
Third Choice		

Will You Accept Employment of: Full Time? Part Time? Temporary?
 Are You 18 Yrs. of Age or Older? Yes No
 Are You Employed Now? Yes No
 May We Contact Your Present Employer? Yes No
 How Did You Learn Of This Opening? _____

Education

Circle Highest Grade Completed **8 9 10 11 12**
13 14 15 16

Scholastic Honors Received _____

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certificate Rec'd
Grammar or Grade School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes	
College				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Vocational or Business				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Professional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	
Laboratory or X-Ray Training				<input type="checkbox"/> No <input type="checkbox"/> Yes; ___/___/___ <small>Date</small>	

Extracurricular Activities While in School _____

Member of Professional Organizations _____

Honors Received, Volunteer or Community Service or Other Qualifications You Have Which You Feel Are Related to the Position For Which You Are Applying: _____

Were you in the U.S. Armed Forces? Yes No If Yes, what branch? _____

Dates of Duty: From ___/___/___ To ___/___/___ Rank at Discharge _____
Month Day Year Month Day Year

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date Issued	Number	Verif.

Employment Record (list last or present position first)

Present and Former Employers	Dates Employed	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate below.

Last First Middle Initial

List 3 Professional References			
Name	Phone Number	Company Phone	Relationship

Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature

Date

Please Indicate Days and Hours You Are Available For Work (Be Specific)			Availability Record
Day	From	To	
Sunday	A.M.	A.M.	Primary position desired _____
	P.M.	P.M.	
Monday	A.M.	A.M.	Will you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Tuesday	A.M.	A.M.	If so, what? _____
	P.M.	P.M.	
Wednesday	A.M.	A.M.	Are you available to work: Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Thursday	A.M.	A.M.	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Friday	A.M.	A.M.	Rotating Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	
Saturday	A.M.	A.M.	Do you limit your annual earnings due to Social Security or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No
	P.M.	P.M.	If yes, please state what is the maximum amount you wish to earn _____

If your availability changes, it is your responsibility to fill in an "Availability Card" indicating the changes. Such changes will be effective, then, for any future employment.

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling change as directed by my department head or administrator of this institution.

Applicant's Signature

Date

Tobacco-Free Campus

This Page For Institution and Interviewers' Use Only

Interviewers Comments

Interviewer	Date	Comments

Reference and Prior Employment Check

Individual Contacted	Name of Firm	Results of Check

For Personnel Office Use

Hired _____ For What Department _____ Position _____

Salary _____ per Year
Month
Hour Starting Date _____

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Prowers Medical Center is an organization committed to values. These values are reflected in all contacts with customers, team members, and surrounding communities served. Following S.E.R.V.E. values together with established Standards of Excellence behaviors will be a key to our success at Prowers Medical Center. our commitment is to honor our value of Service, Excellence, Respect, Value and Enthusiasm and we will accept nothing less.

- Service** To promptly respond to opportunities which meet the needs for our patients, medical staff, our community and fellow team members.
- Putting customer/patient needs first
 - Responding to customer/patient requests promptly
 - Exceeding our customers expectations
 - Being compassionate, sensitive and concerned
- Excellence** To constantly strive for the highest quality in everthing we do – accept nothng less.
- Commitment to excellence through continuous improvement
 - Commitment to education, self-improvement, mentorship, and teamwork
 - Intolerant of “good enough”
- Respect** To respect the dignity of others and show empathy and consideration to those we serve and our fellow team members.
- Treating others as we wish to be treated
 - Demonstrating honesty and integrity
 - Empathy and tact
 - Protecting confidentiality and privacy
 - Cooperate, communicate and collaborate
- Value** To innovatively and creatively utilize resources to achieve results of genuine worth.
- Reward of organzational resources – utilize human and other resources wisely and effectively
 - Providing high quality and service with available resources
 - Helping each team member to be successful
- Enthusiasm** To reflect a spirit of joy and positive feelings in all our daily words and deeds.
- Positive attitude in all personal interactions
 - Serving all customers with compassion, sensitivity and concern
 - Optimistic
 - Loyalty to our patients and our organization
 - Receptive and responsive

As a potential Prowers Medical Center Team Member, I am willing to commit to living the values of Prowers Medical Center.

Name: _____ Date: _____

Please answer the following questions/statements on the reverse side of the form. Thank You!

Why do you want to become Team Member at Prowers Medical Center?

Give an exmple from your last job of how following a set of values helped you deliver high-quality service.

