

APPLICATION FOR EMPLOYMENT
Van Buren County Hospital
An Affirmative Action/Equal Opportunity Employer

Instructions: Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. **Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment. You may add another page if necessary.**

Positions applied for: (1) _____ (2) _____				
Van Buren County Hospital does not accept unsolicited applications and applications are only valid for 60 days.				
Today's date: _____	Date you can start: _____			
Referral Source:				
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> VBCH Website	<input type="checkbox"/> Other Website
<input type="checkbox"/> TV	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____		
Were you referred by an employee of VBCH? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, by whom _____				

PERSONAL INFORMATION

Name: _____			
Last	First	Middle	
Home Address: _____			
City		State	Zip Code
Home Phone: (_____) _____		Other Phone: (_____) _____	
Social Security Number: _____			
Are you available: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		Please describe any work schedule limitations:	

Have you applied for a job with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, state date): _____			
Have you been employed by us before? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, state date and jobs): _____			

Do you have relatives employed by us? <input type="checkbox"/> No <input type="checkbox"/> Yes, the following relatives: _____			

Have you ever been convicted of a felony, or of any crime relating to theft or dishonesty, or involving acts of violence?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, as follows: _____			

NOTE: A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

Are you a citizen of the United States, or specifically authorized to be employed in the United States?

Yes No

NOTE: The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we will request from you.

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent (you may omit dates for jobs held for more than five years ago). May we contact your current employer? Yes No

1. Employer name/address/phone _____

Job Title _____ Duties _____

Date employed _____ to _____ Salary/Bonus _____

Reason for leaving _____

2. Employer name/address/phone _____

Job Title _____ Duties _____

Date Employed _____ to _____ Salary/Bonus _____

Reason for leaving _____

3. Employer name/address/phone _____

Job title _____ Duties _____

Date Employed _____ to _____ Salary/Bonus _____

Reason for leaving _____

EDUCATION AND TRAINING

Name and location of high school _____

_____ Graduated? Yes No

Please list technical or trade school, college and post-graduate education, if any:

School/College	Level Completed	Degree	Major Subjects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued, and license or certificate number:

List any relevant professional or business organizations to which you belong (Optional):

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ Dates of Service: _____

Discharge Date: _____ Honorable Discharge? Yes No

Note: A less than honorable discharge will not automatically disqualify you from employment.

REFERENCES

Please list three personal references, other than prior employers or relatives, whom we can contact.

1. Name _____ Phone (____) _____

How long known? _____ Occupation _____

2. Name _____ Phone (____) _____

How long known? _____ Occupation _____

3. Name _____ Phone (____) _____

How long known? _____ Occupation _____

Van Buren County Hospital

Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Van Buren County Hospital to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references, and others with information regarding my work or education history or my character, to provide Van Buren County Hospital with all requested information and references, and to cooperate fully with the investigation of my character and qualifications.

I understand that Van Buren County Hospital does not accept unsolicited applications and that applications are only valid for 60 days.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made, and that no one within Van Buren County Hospital has the authority to make oral contracts of employment. If hired, my employment relationship with Van Buren County Hospital is terminable at-will, with or without cause, by either myself or Van Buren County Hospital.

I also understand that any offer of employment will be conditioned upon my passing a pre-employment physical examination, which may include a drug and/or alcohol test and may include a medical examination by a physician selected by Van Buren County Hospital, to which I hereby consent.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

a.m.

p.m.

Applicant's Signature

Date and Time

Van Buren County Hospital
APPLICANT INFORMATION FORM

Date: _____ Position Applied For: _____

Print Full Name: _____

Van Buren County Hospital, is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law.

This information will be used strictly for statistical record-keeping purposes and will be kept confidential. Providing—or not providing—the gender/race/ethnic/veteran’s status information on this form will neither impact whether or not you are hired, nor will it affect your employment in any manner if you are hired. If you choose not to self-identify, you *must* select the declination box below to move forward with the application process. The person(s) making hiring and personnel decisions will not see this form.

I decline to self-identify.

SEX/GENDER: (Please check the appropriate response.)

Male

Female

RACE/ETHNIC GROUP: (Please check the race/ethnic groups with which you most identify.)

Hispanic or Latino

Asian (Not Hispanic or Latino)

White (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

VETERAN'S STATUS: (Please check the appropriate response.)

Vietnam Era Veteran

Newly Separated Veteran (discharged or released in the last year)

Special Disabled Veteran

Other Protected Veteran

DESCRIPTIONS OF RACE/ETHNIC GROUPS

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

DESCRIPTIONS OF VETERAN'S CLASSIFICATIONS

Vietnam Era Veteran: A person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Newly Separated Veteran: Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Special Disabled Veteran: (i) a veteran of the U.S. Military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran: Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. A copy of the list may also be obtained by calling (301) 306-6752 and requesting that a copy of the list be mailed to you.