

EMPLOYMENT APPLICATION FORM

February, 2007

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | | | | | |
|--|---------|-------------|-------------------------|--------------|-----------|
| Position(s) Applied For: | | | Date of Application: | | |
| How Did You Learn About Us? | | | | | |
| <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____ | | | | | |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | Number: | Street: | City: | State: | Zip Code: |
| Telephone Number(s): | | | Social Security Number: | | |
| () | | () | | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date: _____

Have you ever been employed with us before? Yes No
 If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

Have you ever been, or are you currently, excluded from participating in any federally funded health care program, including Medicare and Medicaid? Yes No

If Yes, please explain: _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|---------------------|------------|---------------------------|--------------|-----------------------|
| Employer | | DATES EMPLOYED | | WORK PERFORMED |
| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | HOURLY RATE SALARY | | |
| | | STARTING | FINAL | |
| Job Title | Supervisor | | | |
| Reason For Leaving | | | | |
| Employer | | DATES EMPLOYED | | WORK PERFORMED |
| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | HOURLY RATE SALARY | | |
| | | STARTING | FINAL | |
| Job Title | Supervisor | | | |
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| | | FROM | TO | |
| Address | | | | |
| Telephone Number(s) | | HOURLY RATE SALARY | | |
| | | STARTING | FINAL | |
| Job Title | Supervisor | | | |
| Reason For Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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ADDITIONAL INFORMATION:

OTHER QUALIFICATIONS:
Summarize special job-related skills and qualifications acquired from employment or other experience

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| |

LIST SPECIALIZED SKILLS: (Be specific)

| Computer Skills (Hardware and Software): | Production / Mobile Machinery: | Other: |
|--|--------------------------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

State Any Additional Information You May Feel May Be Helpful to Us in Considering Your Application:

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

PROFESSIONAL REFERENCES:

Give name, title, company and telephone number of three *professional* references:

| | | | |
|----|---------|--------------|-------|
| 1. | _____ | (_____) | _____ |
| | Name | Phone Number | Title |
| | _____ | _____ | _____ |
| | Company | Address | |
| 2. | _____ | (_____) | _____ |
| | Name | Phone Number | Title |
| | _____ | _____ | _____ |
| | Company | Address | |
| 3. | _____ | (_____) | _____ |
| | Name | Phone Number | Title |
| | _____ | _____ | _____ |
| | Company | Address | |

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified, disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified, handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

APPLICANT’S STATEMENT:

I certify that answers given herein are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that all job offers are contingent upon the review of references, background checks, OIG Excluded Providers, and other relevant information. Any misleading or incorrect statements, omissions or failure to disclose any health care related criminal conviction or any threatened or actual debarment, exclusion or other ineligibility of participation in federally funded health care programs may remove this application from further consideration for employment and, if employed, may be cause for termination.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my former employers and others to furnish their records of my service, my reason for leaving their employment, together with all information they may have concerning me. I also release any individual, partnership or corporation which formerly employed me, its officers, agents and employees from any liability for any damage, whatsoever, for issuing such information. Additionally, I hereby authorize any schools, colleges, or institutions of education I have attended to furnish their records or transcripts of my grades, honors, and achievements they may have concerning me. I also release any individual, school or institution, its officers, agents and employees from any liability for any damage, whatsoever, for issuing such information.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract. I understand and agree that if employed by Oakes Community Hospital such employment is terminable “*at will*”, i.e., I and the employer have the right to terminate the employment relationship at any time and for any reason. I also understand that no manager, supervisor or representative of the employer, other than the president, has any authority to enter into any agreement for the employment, either orally or in writing, or to make any promises contrary to the foregoing. Furthermore, I understand that any such employment agreement will be reduced to a formal, written document.

Signature of Applicant

Date

--DO NOT WRITE BELOW THIS LINE--

REFERENCE CHECKS

(List Sources)

1.

2.

3.

RESULT OF REFERENCE CHECKS

1.

2.

3.

FACIS Completed: Yes No Signature: _____

Oakes Community Hospital

AUTHORIZATION FOR RELEASE OF REFERENCE INFORMATION

I hereby authorize Oakes Community Hospital to investigate my past employment record and character for the purpose of evaluating me for possible employment. I further release employers/schools and other references which I have provided from any and all liability for the furnishing of such information.

Applicant Signature: _____ Date: _____

Please verify job title and dates of employment.

Job Title: _____

Employed from: _____ to _____

Is applicant eligible for rehire? Yes No If "no" please explain:

Please evaluate the applicant in the following areas:

| Evaluation Areas | Excellent | Good | Fair | Poor |
|--------------------------------|-----------|------|------|------|
| Performance | | | | |
| Reliability | | | | |
| Cooperation | | | | |
| Quality of Work | | | | |
| Attitude | | | | |
| Relationship with peers | | | | |
| Relationship with subordinates | | | | |
| Relationship with supervisors | | | | |

Other comments (your comments are the most important part of this reference): _____

Date: _____ Signed: _____

Title

2/07