



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Huron Regional Medical Center does not discriminate because of race, color, creed, age, sex, marital status, religion, disability, national origin, or veteran's status. Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought. If you have any questions or need further assistance please contact HRMC Human Resources at (605) 353-6539.

Please fill out application completely and **print** clearly. **An incomplete application may not be accepted.** This application will be kept on file for a period of one year.

APPLICANT DATA:

First Name

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Primary Phone: () _____ Secondary Phone: () _____

Are you at least 16 years old? Yes No Are you a citizen of the U.S. or otherwise lawfully authorized to work in the U.S.? Yes No

Have you ever been convicted of a felony? Convictions do not automatically disqualify an applicant from employment. The type and seriousness of the crime, the frequency of violations, the applicant's age at the time of the conviction, and the date of conviction or time elapsed since the conviction or completion of any jail sentence will be taken into consideration in addition to other job-related criteria. Yes No

POSITION/JOB INFORMATION:

Last Name

Position(s) Desired: _____

Full Time Part Time On Call

Date Available: _____ Expected Rate of Pay: \$ _____

Shift Choices: Day Evening Night Weekend Are you willing to rotate shifts: Yes No

How did you hear about this position: School Bulletin Board Agency Walk-in Newspaper: _____

Web Site: _____ Referral, if so, who: _____ Other: _____

Name and relationship of any relative in our employ: (If none, write "None") _____

Have you been previously employed by Huron Regional Medical Center: Yes No

If so, Position: _____ Dates: _____

May your application be released to local clinics provided they have any openings in your area of interest? Yes No

EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
COLLEGE OR UNIVERSITY AND ADDRESS	GENERAL STUDIES	DID YOU GRADUATE?	DEGREE OR NUMBER OF CREDITS EARNED

List all relevant professional licenses, registrations, or certifications you possess: _____

Profession or trade name: _____

Professional License/Permit/Certification Number: _____ State: _____ Exp. Date: _____

OIG RELEASE OF INFORMATION:

HRMC is strongly committed to the reduction of prospective fraudulent, wasteful, and abusive activity and to employing and working with individuals and entities that will not hinder the ability to administer health care coverage to beneficiaries. As part of this commitment, it is HRMC's policy to review the OIG's, LEIE and GSA's SAM to ensure that HRMC works and contracts with responsible parties only and does not allow individual or entities to participate in a Federal health care program if they have been debarred, suspended, or otherwise excluded from participation.

LEGAL COMPLIANCE:

Have you ever been excluded from participation in the Medicare program? Yes No If "Yes", what was the date? _____
 If "Yes", explain: _____

PROFESSIONAL REFERENCES: (Please Do Not Include Relatives)

NAME, COMPLETE ADDRESS & EMAIL	BUSINESS OR AFFILIATION	TELEPHONE NO.	YEARS KNOWN
1. _____ _____ _____ _____		()	
2. _____ _____ _____ _____		()	
3. _____ _____ _____ _____		()	

EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)

Present or Last Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ (_____)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name, Title and Email:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Second Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ (_____)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name, Title and Email:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Third Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ (_____)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name, Title and Email:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Fourth Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ (_____)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name, Title and Email:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I hereby certify that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification and/or misrepresentation will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize HRMC to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give HRMC any and all information regarding my employment, background, or character. HRMC and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

In consideration for employment with HRMC, if employed, I agree to comply with HRMC's policies and procedures and the laws, rules and regulations of federal, state and local governments. I understand that if offered a position with HRMC, I will be required to submit to a pre-employment health assessment and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment assessment and/or background check will result in a withdrawal of any employment offer or termination of employment if already employed.

The use of this application does not indicate there are positions open and does not in any way obligate HRMC. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of HRMC.

Applicant's Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: _____

Discussed: Job Hours _____ Rotate Shifts: Yes No

FT PT Other: _____ Hours per pay period: _____

Starting Date & Time: _____ Starting Salary: _____

Overtime: Exempt Non-Exempt

Hired by: _____ Dept.: _____

Replacement for: _____ Budgeted: Yes No

References and Background Checked: _____