



## Ethicus Hospital Employment Application

Ethicus Healthcare Management LLC is an Equal Opportunity Employer. Those applicants requiring reasonable accommodation for the application and/or interview process should notify a representative of the Human Resources Department.

All practices of recruiting, hiring, promotion, transfer, wage and salary administration, benefits, and terminations are administered without regard to race, religion, color, creed, sex, national origin, disability, age, veteran status, or any and all lawful bases regarding federal, state, and local laws. Further Ethicus is committed to providing a work environment that prohibits, in any form, unlawful harassment. Ethicus Hospital is also a drug free workplace. To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that the applicant will be employed by the company. This form becomes a permanent part of your employment record if hired. This application will be held for six (6) months. After that time period, you must reapply.

<b>Personal Information.</b> (Please Print)			
Date	Position Applied for	Desired Salary Range	Desired Classification: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Per Diem
Name (as it appears on social security card)			Social Security Number
First	Middle	Last	
Current Address			
Street	City	State	Zip Code
Primary Telephone	Alternate Telephone	Email	
List all names or aliases ever used:			
List all addresses for the last 7 years:			
Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code
Attach additional pages if required.			

<b>Referral Source</b>				
<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Mailer/Flyer	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Other
<input type="checkbox"/> Employee:	<input type="checkbox"/> Staffing Agency	<input type="checkbox"/> Hospital Web Site	<input type="checkbox"/> School	<input type="checkbox"/> Walk-in

<b>Type of Work Desired</b>
Position(s) applying for:
The following conditions might be required at some point in a job assignment. Will you be able to comply:
Will you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No    % of time available to travel _____
Shift work: <input type="checkbox"/> Yes <input type="checkbox"/> No    Overtime work: <input type="checkbox"/> Yes <input type="checkbox"/> No    Weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No    Shift rotation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Shift desired: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Answering "yes" to the following questions does not constitute an automatic bar to employment:**

Have you ever been convicted with or without trial, or pleaded guilty, or no contest to, or otherwise been found to have committed a felony or misdemeanor other than a traffic violation?  Yes  No If yes, please explain:

Do you have a pending criminal case and/or charges?  Yes  No If yes, please explain:

Have you ever been excluded from participation in a federal healthcare program (Medicare, Medicaid)?  Yes  No If yes, please explain:

Have you ever been the subject of an investigation of any private, federal or state agency concerning your participation in any private, federal or state health insurance program?  Yes  No If yes, please explain:

Has your license/certification to practice in any state ever been voluntarily or involuntarily relinquished, denied, limited, suspended or revoked?  Yes  No If yes, please explain:

Have you ever been asked to surrender your license, certification/registration?  Yes  No If yes, please explain:

Have any disciplinary actions or investigations been initiated, or are any pending against you, by any state licensure board?  Yes  No If yes, please explain:

Have you ever been named as a defendant in any criminal proceeding?  Yes  No If yes, please explain:

Driver's license number required if driving is required in the job for which you are applying. State: \_\_\_\_\_ Number: \_\_\_\_\_

Have you ever been employed by Ethicus or any of its subsidiaries?  Yes  No If yes, indicate the subsidiary and the dates of employment:

Do you have any relatives employed by Ethicus or any of its subsidiaries?  Yes  No If yes, indicate the subsidiary and the relative(s) names:

Are you a United States Veteran?  Yes  No If yes, list the date of separation:

<b>Education and Training</b>		# of Years Completed	Graduated		Type of Degree, Diploma or Certificate and Major Course of Study
Institution Name and City and State			Yes	No	
High School					
College/ University					
Graduate School					
Trade Other					

**Academic Achievements and Activities:**

List academic honors, scholarships, or fellowships; memberships in academic honorary societies; participation in or offices held in extracurricular activities that you consider significant:

**Computer Skills:**  Word  Excel  Access  Power Point  Other:

**Employment History** Please list your employment history for the past ten years or your last five employers, which ever is greater. Use attached Employment Application Additional Sheet if necessary. *(See Resume is no acceptable.)*

Employer	Telephone #	Date Employed	From	To
Street Address	City	State	Starting Salary	Current Salary
Starting job title	Current or Final job title:	Additional compensation:		
Summarize the job responsibilities :				
Why did you leave:				
May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
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May we contact for a reference: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
Please explain all periods of unemployment:				
Have you ever been fired or asked to resign? Please explain:				

**LICENSED/CERTIFIED APPLICANTS ONLY**

	License # , State Issued	Expiration date & status		License # , State Issued	Expiration date & status
Advanced Nurse Practitioner			Pharmacist		
Registered Nurse			Respiratory Therapist		
LVN / LPN			Radiology Technologist		
Certified Nursing Assistant			Social Worker		
Physical Therapist					
Occupational Therapist					
Speech Therapist					
Recreational Therapist					

**READ CAREFULLY BEFORE SIGNING THIS EMPLOYMENT APPLICATION.**

If I am employed by Ethicus Hospital, and in consideration thereof, I understand and agree to:

- I certify that the answers given by me to the foregoing questions and statements on my employment application and during the employment application interview process are true and correct without any material omission of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and if employed, would result in my termination. I further agree that Ethicus Hospital shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application.
- I authorize the companies, schools, persons, or entities listed on this employment application as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses. I hereby release said companies, schools, persons, or entities from all liability for any damage for providing this information.
- I understand that I will be required to have a drug and alcohol test after an offer of employment. I also understand that I may be required to have a medical examination after the offer for employment. A favorable result of the drug and alcohol test and the medical examination shall be a condition of my employment or commencement of any employment duties.
- I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged, at any time with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer.
- My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, regulations, policies and procedures currently or hereafter in effect.
- I certify that as a part of the application process, I will be provided with a written job description or have had the opportunity to review and/or discuss the requirements of the available position. I understand each requirement and certify that I am capable of meeting each and every requirement. I also understand if this position requires licenses and/or certifications, it is my responsibility for continued employment to maintain valid licenses and/or certifications. It is my responsibility and a requirement for continued employment to maintain valid licenses and/or certification at all times.

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date

**FOR HUMAN RESOURCE USE ONLY**

Interview date and time: \_\_\_\_\_ Drug test appointment time and date: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Job title: \_\_\_\_\_

Department: \_\_\_\_\_ Status: \_\_\_\_\_ Shift: \_\_\_\_\_

Salary: \_\_\_\_\_

Other: \_\_\_\_\_

Signature HR Representative: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT APPLICATION ADDITIONAL SHEET**

List all address for the last 7 years:			
Street	City	State	Zip Code
Street	City	State	Zip Code
Street	City	State	Zip Code
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Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

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