

3. Employment history

List your last three (3) employers starting with the most recent. Explain any gaps in employment below in "comments."

1. Employer (Name, address and phone): _____

Position held: _____ Dates of employment: _____

Responsibilities: _____

Immediate supervisor and title: _____

Hourly rate/salary: (Start) _____ (End) _____

Reason for leaving: _____

May we contact for reference? Yes No Later: _____
Specify

2. Employer (Name, address and phone): _____

Position held: _____ Dates of employment: _____

Responsibilities: _____

Immediate supervisor and title: _____

Hourly rate/salary: (Start) _____ (End) _____

Reason for leaving: _____

May we contact for reference? Yes No Later: _____
Specify

3. Employer (Name, address and phone): _____

Position held: _____ Dates of employment: _____

Responsibilities: _____

Immediate supervisor and title: _____

Hourly rate/salary: (Start) _____ (End) _____

Reason for leaving: _____

May we contact for reference? Yes No Later: _____
Specify

Comments: _____

Summarize special skills and qualifications that may qualify you to work for our facility:

4. Professional licenses and/or certifications

Type	Organization or state issued	Date	Number
Type	Organization or state issued	Date	Number
Type	Organization or state issued	Date	Number

5. Educational background

List schools attended, number of years attended and indicate degree or diploma earned.

(Name of high school, including city and state) Years attended: _____ Diploma: Yes No

(Name of college, including city and state) Years attended: _____ Degree: _____

Military service: Have you ever served in the U.S. Armed Forces? Yes No

If "yes," please describe the skills obtained that are relevant to the position for which you are applying: _____

Are you authorized to work in the United States? Yes No

Note: Proof of U.S. citizenship or alien work authorizations is required by the Immigration Reform and Control Act of 1986 and is a condition of employment.

6. Miscellaneous

6A. Previous addresses

If you lived outside Iowa within the last 10 years, please provide those addresses here:

6B. Additional information

If you answered "yes" to any of the last three questions from section 1, please explain:

7. Iowa Smokefree Air Act Notification

Under the Iowa Smokefree Air Act, Iowa employers are required to prohibit smoking by employees, customers, vendors and all other individuals in enclosed areas of places of employment. This law applies to Skiff Medical Center, and we will comply with its obligation, and we will also require compliance from all persons entering our facility. All employees of Skiff Medical Center are required to comply with the Smokefree Air Act. Skiff Medical Center prohibits smoking on all Hospital property. Refer to Policy #470 for additional information regarding the Hospital's Tobacco Free Policy.

8. Applicant's statement

It is understood and agreed upon that any misrepresentation by me in this application (or statements made during the hiring process) will be sufficient cause for cancellation of this application and/or separation from service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Skiff Medical Center reserves the right to terminate my employment at any time, with or without cause and without prior notice.

I understand that no representative of Skiff Medical Center has the authority to make any assurances to the contrary.

I give Skiff Medical Center the right to investigate all references and to secure additional information about me, if job related. I authorize my current and former employers and educational institutions, as well as my personal references, to provide information, personal or otherwise, which they may have about me and hereby waive any privilege I have to such information.

I understand and agree that, if I am hired by Skiff Medical Center, I will be required to abide by all rules and regulations of Skiff Medical Center and any violation of those rules and regulations, which may be amended from time to time by Skiff Medical Center, may result in discipline against me, up to and including discharge.

Skiff Medical Center is an Equal Opportunity Employer. Skiff Medical Center does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature

Date

9. Acknowledgment

I understand that a criminal history and dependent adult/child abuse check with the Division of Criminal Investigation must be made as a condition of my potential employment, and that the hospital may request that the Department of Human Services perform a child abuse record check. I understand that a condition of employment is a post-offer, pre-employment medical screen including a drug screen, physical strength testing and required immunizations.

Signature

Date

For Human Resources department use only

Position applied for: _____

Hired: Yes No

Starting date: _____

Notes: _____

Completed by: _____ Date: _____