Thayer County Health Services

Application for Employment

Please enter the position you are applying for:

Personal Details

First Name:

Last Name:

Address:

City, State, Zip Code

Phone Number:

Alternate Phone Number:

E-mail Address

Education

Levels of Completion

- High School
- Associates Degree
- Bachelors Degree
- Masters Degree
- Professional Education

Title of your degree

Where did you complete your degree?

Professional License, Registration, and/or Certification

Do you have any professional Licenses, Registrations, and/or Certifications (RN, LPN, CNA, AART, ASCP, ETC.)

- Yes
- No

Profession

State Issued:

License Number:

Certification Number

Registration Number:

Has your professional license (in any state) ever been placed on probation, suspended, revoked, or limited in any way?

- Yes
- No
- N/A

If yes, please provide a reason:

If applicable, please provide the expiration dates of your various certifications below:

PATIENT CARE APPLICANTS: Please check if you have successfully completed any of the following:

- ACLS
- PALS
- CPR/BLS Cert.
- NALS
- Other

Employment History

First Position (Please begin with your most recent employment)

Employer Name, Address, and Phone

Manager Name and Phone Number

Dates Employed, From/To

Starting/Ending Wage

Job title and summary of work performed:

Please list any additional job responsibilities below:

Reason for leaving

May we contact this employer?

- Yes
- No

If no, please explain:

Second Position

Employer Name, Address and Phone:

Manager Name and Phone Number

Dates Employed, From/To:

Starting/Ending Wage:

Job title and summary of work performed

Please list any additional responsibilities below

Reason for leaving

May we contact this employer?

Yes

No

If no, please explain

Third Position

Employer Name, Address and Phone Number

Dates Employed, From/To

Manager Name and Phone Number

Starting and Ending Wage

Job title and summary of work performed

Please list any additional job responsibilities below

Reason for leaving

May we contact this employer

Yes

No

If no, please explain

Job Skills

Please list any skills and/or abilities you would like considered. Please include any skills with equipment or machines you operate, special computer knowledge, laboratory techniques, etc.

References- Give the names of three persons not related to you, whom you have know at least three (3) years.

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1. Name, Address, Phone, E-mail, Company, Years Acquainted

2. Name, Address, Phone, E-mail, Company, Years Acquainted

3, Name, Address, Phone, E-mail, Company, Years Acquainted

Position Information

Salary Requirement

Date Available

Desired Hours (Please select all that apply)

- Full-time
- Part-time
- Days
- Evenings
- Nights
- Weekends
- PRN

If you were formerly employed at TCHS, please list dates employed

Are you 18 years of age or older?

- Yes
- No

Referral

How did you hear about us? (Select all that apply)

- Employee referral
- Internet/Social Media
- Newspaper
- Radio
- Job Fair
- Walk-In
- Other

Please list the specific person, internet site, newspaper or job fair that you heard of this position

Qualifications

If hired, can you provide proof of your eligibility to be employed in the United States?

- Yes
- No

Are you currently excluded, disbarred or ineligible for participation in a federal health care program such as Medicare, Medicaid or the Civilian Health and Medical Program of the Uniformed Services?

- Yes
- No

Have you ever been convicted of ANY crime within the last seven years? (A "yes" answer will not necessarily disqualify an applicant from employment.)

- Yes
- No

If yes, please explain

Application Submission

I have read and understood the privacy policy (https://thayercountyhealth.com/job-application-information-privacy-policy)

- I understand

Applicant Agreement

I certify the information contained in this application for employment is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of employment and/or dismissal (if hired) regardless of when discovered. I grant permission for the authorities of Thayer County Health Services to investigate my work references and release Thayer County and any former employer from any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my work. Smoking is nt allowed anywhere on Thayer County Health Service grounds. I agree to submit to a post-offer physical, including drug and/or alcohol screening and recognize employment is contingent upon successfully meeting the post-offer and physical requirements. I further agree that if I've been convicted of a crime, the authorities of Thayer County Health Services may obtain details of my conviction to determine its relationship to the position I'm applying for as a condition of my employment. In consideration of my employment, I agree to conform to the rules and regulations of Thayer County Health Services. My employment may be terminated, with or without cause, at any time, a the option of Thayer County Health Services or myself

Signature- Please type full name below:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

<u>Please check one of the boxes below:</u>

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

__________________________ ____________________

Your Name Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Applicant Information Form

Today's Date: Position Applied For:

Print Full Name:

Thayer County Health Services is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, sexual orientation, gender identity, national origin, disability, veteran status, or any other classification protected by Federal, State, or local law.

The 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.

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

I decline to self-identify

Male

Female

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

I decline to self-identify

Hispanic or Latino

White (Not Hispanic or Latino

Black or African American (Not Hispanic or Latino)

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

Asian (Not Hispanic or Latino)

American Indian or Alaskan Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

Thayer County Health Services is a federal contractor or subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires federal contractors/subcontractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) A "disabled veteran" is one of the following:
a. A veteran of the U.S. military, ground, naval or air force 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 Secretary of Veterans Affairs; or
b. A person who was discharged or released from active duty because of a service-connected disability.

(2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veterans' discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) A "active duty wartime or campaign badge veteran" means a veteran 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 under the laws administered by the Department of Defense.

(4) An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a Unite States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a federal contractor or subcontractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.
The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed

If you choose not to self- identify, you must select the declination box below to move forward with the application process

I identify as one or more of the classifications of protected veteran status listed above.

I am not a protected veteran

I decline to self-identify.