



Application for Employment

Instructions for completing application: Please type or print clearly, using black or blue ink. In order for your application to be considered for employment with North Valley Hospital (NVH) or any of its satellite clinics, you must furnish all requested information. If a section does not apply to you, indicate this by putting "N/A" in the blank. You may provide additional information about your education or work history by attaching a separate sheet. Applicants may request any needed accommodation to participate in the application process.

Personal

First Name: _____ MI: _____ Last Name: _____
Social Security Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____
Work Phone: () _____ May we contact you at work? Yes No
Email Address: _____

Employment Desired and Availability

Please consider me for the following position(s) (if applying for an advertised position, please list specific position title):

When are you available to begin employment? _____

Schedule/Shift(s) Preferred:

- Full-time Part-time Per Diem Temporary
- Days Evenings Nights No Preference 8 Hour Shifts 12 Hour Shifts
- I am willing to work weekends. I am willing to work rotating shifts.

Days Available to Work:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Salary Desired: \$ _____ per hour annually

Applicant's Statement

Authorization and Release: I authorize the investigation of all matters that NVH deems relevant to my application for employment, including all statements made in this application, all attachments or supporting documents, and all interviews. I authorize NVH to request and receive all information it considers relevant, including current and former employments, education, and training. I release from all claims, liability, and damages all persons (such as current and former employers, supervisors, or coworkers) supplying information to NVH. I also release NVH, including its officers, employees and agents, from all claims, liability, and damages that arise from conducting any investigation.

Verification: I certify that the facts and information contained in this application are true and correct, including all attachments, supporting documents, and the contents of all interviews. I understand that any falsification, misrepresentation, misleading statement, or omission during the application process will result in denial of employment or, if discovered after being employed, will constitute good reason for NVH to immediately terminate my employment, regardless of when or how discovered.

Employment Contingencies: I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration and Reform Act of 1986. I further understand that my employment is contingent upon satisfactory references, outcome of a criminal background check, and successful completion of a post-offer physical screen, and any other conditions that may be required by any government agency or NVH. I also understand that my name will be checked against the list of Excluded Parties Lists Systems (EPLS) and the Department of Health & Human Services, Office of the Inspector General (HHS-OIG) Fraud Prevention and Exclusion Program. In addition, I will undergo initial TB skin testing as a condition of employment, which includes annual TB skin testing, thereafter. Regardless of personal preferences, I am willing to rotate to work shifts at NVH, as it may determine in its sole discretion.

Introductory Period: I understand that neither this application nor any verbal or written offer of employment is an employment contract with NVH. I further understand that any employment offered to me will be subject to the NVH Introductory Period, which is a minimum of six months. I understand that NVH can terminate my employment at any time during the Introductory Period, with or without cause and without advance notice.

Personnel Policies: If employed by NVH, I agree to read and remain familiar with its Personnel Policies. I further agree that NVH can add, delete or amend Policies at any time and that my employment will be subject to its Personnel Policies, as they may exist from time to time.

Final Pay: If employed by NVH, I hereby assign to NVH funds sufficient from my final pay to reimburse it for any amount of money owed by me to it, and I further authorize NVH to deduct from my final pay the amount of money I owe it. I understand that NVH will provide me with a written statement explaining any money withheld from my final paycheck.

Signature: By signing this Statement, I assure NVH that all verbal and written statements provided are true and accurate, and I agree to the conditions set forth in this Applicant's Statement. *Unsigned applications will not be processed.*

Applicant Signature: _____ Date: _____

General Information

Are you legally eligible to work in the United States? Yes No

Are you able to perform the position's essential functions for which you are applying with or without accommodations? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No If yes, please provide company names and details? _____

Have you ever been *Convicted, Pled Guilty or No Contest, or Forfeited Bond or Bail* for any crime other than traffic violations? Yes No If yes, please list and explain all offenses; including date and location of offense(s). _____

Note: Conviction of a crime is not an automatic bar from employment. Factors such as the nature and gravity of the crime, length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.

Have you ever been employed or offered a position by NVH or any of its satellite clinics? Yes No

If yes, when and what position or department? _____

List any relatives currently employed by NVH: _____

What prompted you to apply for employment at NVH or any of its satellite clinics? In-house posting NVH Website Newspaper

NVH Employee/Volunteer (Who?) _____ Careerbuilder Website

Montana Job Service Other: _____

Education

Education Level	School Attended: Name, City, and State	Course of Study	For High School Number of Years Completed	Did you Graduate?
High School	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED

Vocational/Trade	_____		Dates Attended Mo/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

College	_____		Dates Attended Mo/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

College	_____		Dates Attended Mo/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

Graduate	_____		Dates Attended Mo/Yr	<input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Licenses, Certifications or Registrations

Type of License, Certification or Registration	Issuing State	License Number	Issue Date	Expiration Date

Have you ever had any disciplinary action against your professional license, or has your license ever been revoked or suspended, restricted, or modified in any state? Yes No If yes, please state the reason for the action and include date and state of action.

Skills and Training Experience

Check **only** those skills that you possess; and rate your level of experience using the following rating scale of **1, 3 or 5**:

1 = Little or no experience or training 3 = Some experience or training 5 = Extensive experience or training

Check	Skill/Training	Rating	Check	Skill/Training	Rating	Check	Skill/Training	Rating
Business			General			Patient Care		
<input type="checkbox"/>	10-Key Calculator	_____	<input type="checkbox"/>	Cook	_____	<input type="checkbox"/>	ADLs	_____
<input type="checkbox"/>	Accounting	_____	<input type="checkbox"/>	Customer Service	_____	<input type="checkbox"/>	Assessment	_____
<input type="checkbox"/>	Bookkeeping	_____	<input type="checkbox"/>	Dishwasher - Industrial	_____	<input type="checkbox"/>	Blood Draw	_____
<input type="checkbox"/>	Cashier	_____	<input type="checkbox"/>	Dishwasher - Manual	_____	<input type="checkbox"/>	Computerized Charting	_____
<input type="checkbox"/>	Coding - CPT/ICD-9	_____	<input type="checkbox"/>	Floor Care Machine	_____	<input type="checkbox"/>	Isolation Technique	_____
<input type="checkbox"/>	Collections	_____	<input type="checkbox"/>	Floor Care Manual	_____	<input type="checkbox"/>	IV Skills	_____
<input type="checkbox"/>	Data Entry	_____	<input type="checkbox"/>	Food Preparation	_____	<input type="checkbox"/>	Monitor	_____
<input type="checkbox"/>	Filing-Alphanumeric	_____	<input type="checkbox"/>	Housekeeping	_____	<input type="checkbox"/>	Pre-Op Prep	_____
<input type="checkbox"/>	Filing-Medical Terminal Digit	_____	<input type="checkbox"/>	Lifting Techniques	_____	<input type="checkbox"/>	Pyxis/Medication Delivery	_____
<input type="checkbox"/>	HIPAA	_____	<input type="checkbox"/>	Linen Packing	_____	<input type="checkbox"/>	Non Invasive Procedures	_____
<input type="checkbox"/>	Insurance Billing	_____	<input type="checkbox"/>	Maintenance - Craft	_____	<input type="checkbox"/>	Simple Invasion Procedures	_____
<input type="checkbox"/>	Inventory	_____	<input type="checkbox"/>	Maintenance - General	_____	<input type="checkbox"/>	Sterile Techniques	_____
<input type="checkbox"/>	Invoicing	_____	<input type="checkbox"/>	Medical Supplies & Equipment	_____	<input type="checkbox"/>	Universal Precautions	_____
<input type="checkbox"/>	Medical Terminology	_____	<input type="checkbox"/>	Oxygen Equipment Set Up	_____	<input type="checkbox"/>	Vital Signs	_____
<input type="checkbox"/>	Medicare/Medicaid Billing	_____	<input type="checkbox"/>	Shipping/Receiving	_____	Nursing		
<input type="checkbox"/>	Multi-line Phones	_____	<input type="checkbox"/>	Small Power Tools	_____	<input type="checkbox"/>	Discharge Planning	_____
<input type="checkbox"/>	Multi-tasking	_____	Imaging			<input type="checkbox"/>	Emergency Room	_____
<input type="checkbox"/>	Receptionist	_____	<input type="checkbox"/>	CT	_____	<input type="checkbox"/>	ICU/CCU	_____
<input type="checkbox"/>	Release of Medical Info	_____	<input type="checkbox"/>	Mammography	_____	<input type="checkbox"/>	Medical/Surgical/Peds	_____
<input type="checkbox"/>	Scanning/Archiving	_____	<input type="checkbox"/>	MRI	_____	<input type="checkbox"/>	General Surgery	_____
<input type="checkbox"/>	Switchboard/PBX	_____	<input type="checkbox"/>	Ultrasound – General	_____	<input type="checkbox"/>	GYN	_____
<input type="checkbox"/>	Transcription	_____	<input type="checkbox"/>	Ultrasound – Echo Vascular	_____	<input type="checkbox"/>	Internal	_____
<input type="checkbox"/>	Typing, _____ wpm	_____	<input type="checkbox"/>	X-Ray	_____	<input type="checkbox"/>	Orthopedic	_____
Computer Software			<input type="checkbox"/>	PACS	_____	<input type="checkbox"/>	Rehab	_____
<input type="checkbox"/>	MS Excel	_____	Other			<input type="checkbox"/>	Swing (Skilled)	_____
<input type="checkbox"/>	Meditech	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Obstetrics - L&D	_____
<input type="checkbox"/>	MS Outlook	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Obstetrics - Post Partum	_____
<input type="checkbox"/>	MS PowerPoint	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Obstetrics - Nursery	_____
<input type="checkbox"/>	MS Publisher	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Surgery - Scrub	_____
<input type="checkbox"/>	MS Word	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Surgery - Circulator	_____
<input type="checkbox"/>	Current Windows OS	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	Surgery - Recovery	_____
<input type="checkbox"/>	IT Networking	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

Employment Experience – Current and accurate information is required for employment consideration.

► **Start with Present or Most Recent Employer**

► **May we contact your present employer?** Yes No

Employer Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Job Title: _____ **Date Hired (Mo/Yr):** _____ **Date Left (Mo/Yr):** _____

Previous Name, if changed: _____ **Starting Salary:** _____ **Ending Salary:** _____

Supervisor's Name: _____ **Supervisor's Title:** _____

Employer's Phone Number: () _____

Job Duties and Responsibilities: _____

Reason for Leaving: I did not like the working conditions I did not like the job duties/responsibilities I moved away from that location

I did not like the manager/coworkers I wanted a job that offers more money I wanted a job that better suits my abilities and goals

I was going to be dismissed I was laid off Other: _____

I was dismissed —please provide reason as provided by your employer: _____

Employer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Date Hired (Mo/Yr): _____ Date Left (Mo/Yr): _____
Previous Name, if changed: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Supervisor's Title: _____
Employer's Phone Number: () _____
Job Duties and Responsibilities: _____

Reason for Leaving: I did not like the working conditions I did not like the job duties/responsibilities I moved away from that location
 I did not like the manager/coworkers I wanted a job that offers more money I wanted a job that better suits my abilities and goals
 I was going to be dismissed I was laid off Other: _____
 I was dismissed—please provide reason as provided by your employer: _____

Employer Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Date Hired (Mo/Yr): _____ Date Left (Mo/Yr): _____
Previous Name, if changed: _____ Starting Salary: _____ Ending Salary: _____
Supervisor's Name: _____ Supervisor's Title: _____
Employer's Phone Number: () _____
Job Duties and Responsibilities: _____

Reason for Leaving: I did not like the working conditions I did not like the job duties/responsibilities I moved away from that location
 I did not like the manager/coworkers I wanted a job that offers more money I wanted a job that better suits my abilities and goals
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 I was dismissed—please provide reason as provided by your employer: _____

Equal Opportunity Employer

NVH is an equal opportunity employer. It is our policy that all individuals are entitled to equal employment opportunity regardless of race, color, religion, sex, national origin, age, or disability, as required by state and federal law. NVH is committed to this policy. All appropriate steps are taken to ensure equal opportunity in employment with respect to all personnel actions, including, but not limited to recruiting, hiring, compensation, benefits, education, and promotion/advancement opportunities.

This application is valid for six months from the date application signed and dated. Thank you for your interest.