



National Park Medical Center

1910 Malvern Ave.
Hot Springs, AR 71901

Phone: (501) 620-1302

Fax: (501) 321-9735



APPLICATION FOR EMPLOYMENT

ALL APPLICATIONS MUST BE PRINTED IN INK OR TYPED

1

NAME (LAST, FIRST, MIDDLE, MAIDEN)

ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP

POSITION(S) DESIRED

SALARY/WAGE DESIRED

DATE AVAILABLE TO START

BEST TIME TO CONTACT YOU

TELEPHONE NUMBER/E-MAIL (IF FROM OUT OF TOWN, PLEASE LIST LOCAL NUMBER WHERE YOU CAN BE REACHED)

SHIFT AVAILABILITY:

DAY EVENING NIGHT WEEKENDS

DRIVER'S LICENSE #

DESIRED STATUS:

FULL-TIME PART-TIME ___ # HRS/WEEK PRN

HOW WERE YOU REFERRED TO THIS FACILITY?

2 Licenses and Professional Data

LICENSE

Currently Licensed

Eligible for License

Type: _____

State: _____ Expiration Date: _____

Number: _____

Currently Licensed

Eligible for License

Type: _____

State: _____ Expiration Date: _____

Number: _____

REGISTRATION

Currently Registered

Eligible for Registration

Type: _____

State: _____ Expiration Date: _____

Number: _____

Currently Registered

Eligible for Registration

Type: _____

State: _____ Expiration Date: _____

Number: _____

CERTIFICATION

Currently Certified

Eligible for Certification

Type: _____

State: _____ Expiration Date: _____

Number: _____

Currently Certified

Eligible for Certification

Type: _____

State: _____ Expiration Date: _____

Number: _____

HAVE YOU EVER HAD A PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION SANCTIONED, SUSPENDED, REVOKED OR PLACED ON PROBATION? NO YES IF YES, EXPLAIN:

HAVE YOU EVER HAD A SUMMONS, HEARING OR COURT APPEARANCE RELATED TO YOUR PROFESSION? NO YES IF YES, EXPLAIN:

DO YOU HAVE ANY CRIMINAL CONVICTIONS OR ANY PENDING CRIMINAL CHARGES, IN ANY STATE? IF YES, EXPLAIN. YES NO

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR? (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS) IF YES, EXPLAIN. YES NO

HAVE YOU EVER WORKED AT THIS HOSPITAL OR ANY OTHER CAPELLA HEALTHCARE FACILITY? IF YES, UNDER WHAT NAME AND WHEN. YES NO

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT THIS HOSPITAL? IF YES, UNDER WHAT NAME, RELATIONSHIP, DEPARTMENT. YES NO

If you are offered employment, will you be able to provide documentation demonstrating that you are legally entitled to work in the United States? (i.e., birth certificate, U.S. passport, work permit (INS Green Card), Social Security Card, driver's license, evidence that you have lived in the United States since January 1, 1982)? YES NO

TO BE ANSWERED BY ALL APPLICANTS FOR PATIENT CARE POSITIONS. YES NO

Will you request not to participate in any aspect of patient care, including treatment, because you perceive a conflict with your cultural values, ethics or religious beliefs? If yes, please list the specific type of patients and the aspects of care or treatment in which you will not participate.

I understand, if it becomes necessary to perform patient care or treatment in which I request not to participate, I may be floated to another department to a position for which I am qualified OR I may be asked to leave work while the medical center brings in other staff to provide such patient care or treatment. This time away from work will be unpaid unless I choose to use hours from my accrued vacation account. I further understand that reasonable efforts will be made to accommodate my request not to participate; however, if adequate staffing cannot be found, or if my request cannot be granted without negatively affecting patient care or treatment, I will be required to participate in such care or treatment.

3 Educational Background

HIGH SCHOOL (NAME AND LOCATION)

GRADUATED	DIPLOMA OR DEGREE
YES <input type="checkbox"/> NO <input type="checkbox"/>	

COLLEGE EDUCATION (NAME AND LOCATION)

GRADUATED	DIPLOMA OR DEGREE
YES <input type="checkbox"/> NO <input type="checkbox"/>	

4 Volunteer Work

HAVE YOU VOLUNTEERED YOUR TIME AND TALENTS? YES NO

WHERE?

BRIEFLY DESCRIBE VOLUNTEER WORK PERFORMED

NURSING/MEDICAL EDUCATION (NAME AND LOCATION)

GRADUATED	DIPLOMA OR DEGREE
YES <input type="checkbox"/> NO <input type="checkbox"/>	

BUSINESS/TECHNICAL EDUCATION/OTHER (NAME AND LOCATION)

GRADUATED	DIPLOMA OR DEGREE
YES <input type="checkbox"/> NO <input type="checkbox"/>	

5 Military Background

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

BRANCH

RANK

DATES OF SERVICE (YOU WILL NEED TO PROVIDE A COPY OF YOUR DD214)

FROM: _____ TO _____

LIST ANY MILITARY TRAINING (SPECIAL SKILLS, ETC.)

6 Emergency Contact

IN CASE OF EMERGENCY NOTIFY (NAME)

RELATIONSHIP

TELEPHONE (HOME AND WORK)

ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP

7 Employment History

ARE YOU **CURRENTLY** EMPLOYED? YES NO IF YES, PLEASE COMPLETE THE FOLLOWING

NAME OF FIRM	BRIEFLY DESCRIBE YOUR DUTIES
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATE OF EMPLOYMENT: MONTH/YEAR	CURRENT SALARY
REASON FOR SEEKING CHANGE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS BEGINNING WITH THE MOST RECENT

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
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DATES OF EMPLOYMENT:	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING			

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9 References

LIST AT LEAST THREE (3) BUSINESS REFERENCES WHO ARE NOT RELATIVES:

NAME and RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

10 Statement and Acknowledgement

I understand and agree that:

1. The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the hospital's employ.
2. Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's total preemployment screening process, including the receipt of references that the facility considers satisfactory, and my satisfactory completion of any post offer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the facility's request. I hereby consent to having the results of any post offer preemployment or post employment medical exams I may be required to take disclosed to the facility.
3. I authorize and request that all of my present and former employers and those individuals I have listed as business references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
4. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the facility. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the facility.
5. I hereby authorize this facility to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit, education and driving history, if appropriate. I understand that the facility will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the facility will furnish the name and address of such agency upon my written request.
6. I authorize and request, to the maximum extent permitted by law, that the issuer of any license, registration, or certification that I have listed in Section 2 of this employment application, or otherwise release to Capella Healthcare its affiliates any information requested by Capella Healthcare or its affiliates with respect to any such license, registration, or certification. I agree that the contents of this application may be disclosed to such issuer. I further agree to execute promptly any such license, registration, or certification. I agree to indemnify and hold harmless the issuer, Capella Healthcare and its affiliates for any liability arising out of or related to the disclosure of such information.
7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the company or myself. I further understand that no manager or representative of this facility other than the President or General Counsel has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature: _____

Date: _____

11 For Office Use Only

TO BE COMPLETED AFTER EMPLOYED		HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SEE COMMENTS BELOW
REFERENCE CHECKED?	DATE CHECKED	BY WHOM	PERSONNEL NOTES (these notes are open to inspection - keep information factual)	
Reference #1 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	
Reference #2 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	
Reference #3 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	

All employment decisions are based upon the qualifications of each applicant. This facility does not discriminate against any employee or applicant because of race, religion, color, national origin, sex, physical handicap, or age.