



**500 West Votaw Street  
Portland, Indiana 47371  
(260) 726-7131**

## APPLICATION FOR EMPLOYMENT

It is the policy of Jay County Hospital to provide equal opportunity to persons regardless of race, color, gender, disability, or any classification in accordance with federal, state and local statutes, regulations and ordinances. Please answer all questions fully, honestly and completely. Do not leave any questions blank. If a question does not apply to you, print N/A (for "not applicable"). If you do not understand a question, please ask for an explanation. Failure to follow these instructions will be considered in making employment decisions. Any false, misleading or incomplete answers may result in immediate disqualification of consideration for employment or termination of later employment. The use of this form does not mean there are open positions and does not obligate Jay County Hospital in any way. This application will be active for six (6) months, after which you must reapply if you wish to be considered for employment.

### PERSONAL DATA

Name	Last	First	Middle	Social Security Number	Today's Date
Present Address				Telephone Number	Cell Phone Number
City			State	Zip Code	Email Address

Have you ever been employed by Jay County Hospital? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, From\_\_\_\_\_ to \_\_\_\_\_ Position\_\_\_\_\_ Reason for Leaving\_\_\_\_\_

Are you related to another Jay County Hospital Employee? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, Name\_\_\_\_\_ Relationship\_\_\_\_\_

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime that has not been expunged or placed under seal by a court?  
Yes\_\_\_\_\_ No\_\_\_\_\_

*(Answering "yes" will not necessarily disqualify you from consideration, but failure to fully disclose will result in immediate denial or termination of employment.)*

If yes, please provide dates and details:\_\_\_\_\_

Are you presently charged with any violation of the law? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please give date, place and nature of such charge:\_\_\_\_\_

Are you legally eligible for employment in this country? Yes\_\_\_\_\_ No\_\_\_\_\_

If you are under 18, do you have a work permit? Yes\_\_\_\_\_ No\_\_\_\_\_

Please indicate how you heard of Jay County Hospital or this position:

Newspaper\_\_\_\_\_ JCH's Website\_\_\_\_\_ Internet\_\_\_\_\_ Other\_\_\_\_\_ Employee Referral:\_\_\_\_\_

### EMPLOYMENT INFORMATION

Position(s) you are applying for:\_\_\_\_\_

Type of employment desired: Full-Time\_\_\_\_\_ Part-Time\_\_\_\_\_ Temporary (PRN)\_\_\_\_\_

What shifts will you work: Days\_\_\_\_\_ Evenings\_\_\_\_\_ Nights\_\_\_\_\_ Weekends\_\_\_\_\_ Holidays\_\_\_\_\_ Rotating\_\_\_\_\_

What is your desired rate of pay? \$\_\_\_\_\_ per \_\_\_\_\_

Date available for work:\_\_\_\_\_

## EMPLOYMENT HISTORY

Please begin with your present or most recent employer and follow with all previous employers including military experience, temporary and all other employment. Complete all information, even if a resume is attached. Use and attach a separate sheet if necessary.

Employer	From	To		
Address	Employer Phone Number			
Job Title	Beginning Salary	Ending Salary		
Name and Title of Supervisor	May we contact for a reference?	Yes	No	
Nature of Duties				
Reason for Leaving				

Employer	From	To		
Address	Employer Phone Number			
Job Title	Beginning Salary	Ending Salary		
Name and Title of Supervisor	May we contact for a reference?	Yes	No	
Nature of Duties				
Reason for Leaving				

Employer	From	To		
Address	Employer Phone Number			
Job Title	Beginning Salary	Ending Salary		
Name and Title of Supervisor	May we contact for a reference?	Yes	No	
Nature of Duties				
Reason for Leaving				

Employer	From	To		
Address	Employer Phone Number			
Job Title	Beginning Salary	Ending Salary		
Name and Title of Supervisor	May we contact for a reference?	Yes	No	
Nature of Duties				
Reason for Leaving				

Please explain any gaps in employment other than those due to personal illness, injury or disability.

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If not addressed previously, have you ever left involuntarily, been fired or asked to resign from a job?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide date(s) and details:

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## EDUCATION BACKGROUND

Type of School	Name and Location of School	Years Attended	Course / Major	Diploma / Degree
High School / GED		Please do not include High School dates		
College				
Graduate College				
Technical				
Other				

## ACTIVITIES AND ACHIEVEMENTS

Honors, awards, and fellowships received\_\_\_\_\_

Professional and Technical Associations\_\_\_\_\_

## ADDITIONAL INFORMATION

Use this space to list any other skills and qualifications that may relate to the position for which you are applying such as, ICU, typing speed, computer programs mastered, etc.

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## PROFESSIONAL AND TECHNICAL LICENSURE

Professional License Number	Type	Place Issued	Expiration Date	Year and State of 1st Certification

If you are licensed, has your license ever been suspended or revoked, or are any actions now pending against you which may affect your license or certification?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please provide date, location and disposition of case:

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## PROFESSIONAL REFERENCES

Name	Position	Address	Phone	Years Known

## APPLICANT AUTHORIZATION AND CERTIFICATION

In exchange for the consideration to be given to my application for employment and in order to provide Jay County Hospital with information relating to my qualifications for employment upon which Jay County Hospital can rely in making employment decisions, I hereby voluntarily, in connection with this application, authorize all corporations, companies, educational institutions, persons, police department or law enforcement agencies, military services, former employers and anyone else Jay County Hospital deems appropriate to contact with regard to this application to release information they may have about me to Jay County Hospital or its agents, and I release them and Jay County Hospital from any and all liability for doing so. I understand that any information acquired may be disclosed to supervisory personnel within the company, and/or others who, in the sole judgment of Jay County Hospital, may have a legitimate interest in such information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between Jay County Hospital and myself either for employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Jay County Hospital unless made in writing by the Chief Executive Officer or other authorized Jay County Hospital representative.

I understand that any offer of employment, once it is made, is contingent on the satisfactory results of a background check and pre-employment medical examination, which may include a test to detect the presence of drugs or alcohol. I authorize the release and disclosure of the results of the medical examination to Jay County Hospital. I understand that the results of the medical examination may be disclosed to supervisory personnel within the company and/or others who, in the sole judgment of Jay County Hospital, may have a legitimate interest in such information.

If I am hired, I understand that I shall be an at-will employee and am free to resign at any time, with or without cause and with or without prior notice, and Jay County Hospital has the same right to terminate my employment at any time, with or without cause and with or without notice, except as otherwise required by law.

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge, and I have withheld nothing that would affect this application unfavorably. I understand that false, misleading or incomplete information given on this application or in any subsequent interview(s) may result in immediate disqualification of consideration for employment or termination of subsequent employment.

**I HAVE CAREFULLY READ OVER THIS ENTIRE APPLICATION FOR EMPLOYMENT AND UNDERSTAND FULLY ALL OF ITS CONTENTS AND INSTRUCTIONS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



*JayCounty*  
HOSPITAL

Quality Care By Those Who Care

## OUR MISSION:

**Jay County Hospital is your progressive, comprehensive trusted health care leader dedicated to improving the health of all we serve, providing excellent, compassionate and cost-effective care.**