



COMMUNITY MEMORIAL HOSPITAL

Proud partners with ALLEN HOSPITAL, WATERLOO

CMH

Allen Memorial Hospital

Allen College

POSITION(S) DESIRED

1. _____
2. _____
3. _____

SALARY EXPECTED

TODAY'S DATE:



ALLEN HOSPITAL

IOWA HEALTH SYSTEM
1825 Logan Ave
Waterloo, IA 50703

See: allenhospital.org for job listing

THE ALLEN CORPORATIONS ARE EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYERS AND WILL CONSIDER APPLICANTS WITHOUT REGARD TO RACE, CREED, AGE, SEX, COLOR, NATIONAL ORIGIN, RELIGION, ANCESTRY OR DISABILITY.

TDD # 319-235-3180

PLEASE PRINT

PERSONAL

Last Name	First Name	Initial	Maiden	Social Security Number	
Address		City	State	Zip	Area Telephone No.
Have you worked for any previous employers or attended school using a different name? If yes, please list:				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Message#	Area	Telephone No.
Are you related to anyone who is in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, name: _____	
Relationship to Employee: _____			Position and Shift _____		
Do you have a record of founded child or dependent adult abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a crime, in this state or any other state (including any OWI)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered Yes to either of the above you will need to complete an Iowa Department of Human Services record check evaluation.					
Have you ever been convicted of a health care crime or listed as debarred, excluded or otherwise ineligible for participation in Federal health care programs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, Please explain: _____					

FOR POSITIONS INVOLVING SHIFT CONSIDERATIONS

Full Time Part Time Temporary Summer Only Are you willing to work any shift? Yes No

Do you only want to work a specific shift? Yes No What shift? 1st 2nd 3rd

Are you willing to work weekends and/or holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you realize that it may be necessary for you to work weekends, holidays or to rotate shifts? (Reasonable considerations will be made to accommodate employee religious needs) <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are applying for full time, circle days you cannot work: Mon. Tues. Wed. Thur. Fri. Sat. Sun.

EDUCATIONAL HISTORY

	Name and Address of School	Subject Area	Years Attended		Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
			FROM	TO			
High School	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY
Please List Present or Most Recent Job First

Employer	Phone ()	Dates Employed				Salary	
		From		To		Start	End
Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	mo.	yr.	mo.	yr.		
Job Title _____ Specific Duties: _____		Name and Title of Supervisor					
		Reason for Leaving					

Employer	Phone ()	Dates Employed				Salary	
		From		To		Start	End
Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	mo.	yr.	mo.	yr.		
Job Title _____ Specific Duties: _____		Name and Title of Supervisor					
		Reason for Leaving					

Employer	Phone ()	Dates Employed				Salary	
		From		To		Start	End
Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	mo.	yr.	mo.	yr.		
Job Title _____ Specific Duties: _____		Name and Title of Supervisor					
		Reason for Leaving					

Employer	Phone ()	Dates Employed				Salary	
		From		To		Start	End
Address	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	mo.	yr.	mo.	yr.		
Job Title _____ Specific Duties: _____		Name and Title of Supervisor					
		Reason for Leaving					

PLEASE CHECK SUPERVISORS ABOVE WE MAY CONTACT: 1 2 3 4

If not, why not? _____

NOTICE: Any offer of employment is contingent upon satisfactory reference information being obtained from your current employer(s).

ARE YOU: Currently Licensed <input type="checkbox"/> Currently Certified <input type="checkbox"/> Currently Registered <input type="checkbox"/> Certified Eligible <input type="checkbox"/> Registry Eligible <input type="checkbox"/>	IF LICENSED OR REGISTERED, PLEASE PROVIDE: State _____ Registration No. _____ OTHER STATES IN WHICH REGISTERED: _____
AREA OF SPECIALIZATION OR MAJOR INTEREST: _____	

Have you received payments for:	Yes or No	Year	No. of Weeks	Employer's Name and Address
Unemployment Insurance				

ADDITIONAL INFORMATION

Please state any related experience (including volunteer experience) not listed in employment history:
(If needed, use this space to continue employment history)

LANGUAGE SKILLS

Please list any additional languages you can speak, read, or write: _____

REFERENCES

List three people not related to you willing to give a reference regarding your ability to perform the work for which you are applying. Please indicate why this person is able to judge your ability.

Name	Telephone	Address	Why this person is able to judge your ability
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever filed an application with an Allen Corporation before? Yes ___ No ___ When: _____

Have you been previously employed by an Allen Corporation? Yes ___ No ___
If yes, give dates and department: _____

HOW DID YOU LEARN ABOUT THIS JOB:?

- | | |
|---|--|
| <input type="checkbox"/> Waterloo Courier (Date) _____ | <input type="checkbox"/> Employment Agency/Which one? _____ |
| <input type="checkbox"/> Des Moines Register (Date) _____ | <input type="checkbox"/> Professional Journal/Which one? _____ |
| <input type="checkbox"/> Allen Bulletin Board _____ | <input type="checkbox"/> School/Which one? _____ |
| <input type="checkbox"/> Job Service _____ | <input type="checkbox"/> On My Own _____ |
| <input type="checkbox"/> Allen Employee _____ | <input type="checkbox"/> Other _____ |

PLEASE READ CAREFULLY

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I authorize investigation of all matters contained in this application, and agree that if in the judgment of the Allen Corporation any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by Allen Corporation may be withdrawn or my employment with Allen may be terminated, immediately without obligation, or liability to me other than for payment at the rate agreed upon, for services actually rendered if I have been employed.

If hired, I understand that I shall be employed on a probationary basis for 90 days from date of employment. I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer.

I understand that any offer of employment is contingent upon satisfactory passing Allen's medical examination.

I also understand it may be necessary for Allen to increase or decrease the total hours of my work week(s) or change my work schedule or rotation.

I hereby authorize the release of school transcripts and reference information from all of my references, former employers and schools listed, or not listed on this application and release anyone giving a reference for any damage due to releasing information regarding me.

I authorize investigation of any criminal history and credit history. Any applicant for employment may be subject to the performance of a criminal and child and dependent adult abuse record check. Please sign the State of Iowa Non-Law Enforcement Record Check Request Form C and return with your application.

NOTICE: Applicant will be required to pass a drug screening test before employment.

If application is considered favorably, on what date will you be available? _____
Allen Hospital does not have a latex free environment.

Date of Application

Applicant Signature

APPLICANT — PLEASE DO NOT WRITE IN THIS SECTION

FOR MANAGER USE ONLY

CANDIDATE FOR: _____ DATE OF THIS INTERVIEW: _____
Job Title

INTERVIEWER: _____

*References must be checked by Human Resources before offer of employment is made.

APPLICANT IS: Acceptable Rejected To be considered for future employment
Explain:

TO BE COMPLETED BY MANAGER AFTER EMPLOYMENT OFFER HAS BEEN MADE.

Dept: _____ #	FTE: _____ %	<input type="checkbox"/> Regular-Hourly <input type="checkbox"/> Temporary End Date _____ <input type="checkbox"/> P.R.N. (On Call) <input type="checkbox"/> Work Study <input type="checkbox"/> Co-op <input type="checkbox"/> Salaried	Years Experience: _____	Processing Date: _____
Position: _____	Shift: _____		Physical Date	Start Work: _____
				Orientation Date: _____

Date reference check reviewed by Manager: _____ Manager Signature: _____

FOR HUMAN RESOURCES USE ONLY

HR Comments: _____ No observation

- ____ Manager signature and all pertinent data completed above
- ____ References completed
- ____ Personnel Selection Inventory completed on _____
- ____ Core Values video viewed on _____
- ____ Verification of Nursing, CNA, or any other applicable license
- ____ Criminal History completed on _____
 - ____ OIG
 - ____ EPLS
 - ____ Record check evaluation - 2310 form, if record exists
 - ____ Dependent adult abuse registry form, if applicable
 - ____ Child abuse form DHS 2310 form, if applicable
- ____ College Transcripts
- ____ Copy of any applicable license
- ____ Copy of CPR
- ____ Copy of Mandatory Reporter
- ____ Confirmation letter

Veteran Status: Not a veteran "Veteran of the Vietnam-Era" "Special Disable Veteran" "Other eligible Veteran"

Birth Date: ____Mo. ____Day ____Year Age: ____ Marital Status: Single Married Sex: Male Female

Race: Caucasian African American American Indian Asian Hispanic Alaskan Native

FOR HUMAN RESOURCES USE ONLY

Pay: Start \$____ Per Hour Grade: ____ Step: ____ Experience/Pay Rate Confirmed by Human Resources _____

File Reviewed

Locker #

Overtime Code

Job Class #

Employee #



COMMUNITY MEMORIAL HOSPITAL

Proud partners with ALLEN HOSPITAL, WATERLOO

ACCOUNT NUMBER: 7672

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK FORM C

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515) 281-5138 (voice-days)
(515) 281-4776 (voice - nights)
(515) 242-6876 (fax)

FROM: Human Resources Manager
Community Memorial Hospital
909 W. 1st Street, P.O. Box 148
Sumner, IA 50674
Phone # 563-578-2137
Fax # 563-578-3279

I am requesting an Iowa Criminal History/Dependent Adult Abuse Check on:

(TYPE/PRINT LEGIBLY)

REQUEST

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	/ /	_____	_____
Maiden Name	Date of Birth	Sex	Social Security Number
_____	_____	_____	
Degree/License	License Number	Signature of Requestor (employer)	

Applicant Complete

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

No CCH record Found	<input type="checkbox"/>	No Record of founded Dependent Adult Abuse	<input type="checkbox"/>
CCH record attached	<input type="checkbox"/>	Potential DAAR "hit", send 2310 to DHS	<input type="checkbox"/>

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa Criand Dependent Adult Abuse check with the Division of Criminal Investigation and Department of Human Services

_____	_____
Signature	Date

Applicant Complete



**ALLEN
HOSPITAL**

IOWA HEALTH SYSTEM

The heart of your healthcare

Allen Health System Core Values Statement



We at Allen Health System are committed to four core values. Our core values guide everything we do for our associates, families and patients. Living these values every day is fundamental to our success. We give and expect CARE: compassion, accountability, respect and excellence.

Compassion is recognizing others' moment of need and reaching out to comfort and heal.

Allen associates recognize and respond to the emotional, spiritual and physical needs of those in our care. We protect and promote the health of all we serve. An Allen associate who meets these standards:

- Appreciates the unique worth and dignity of each individual
- Listens carefully and responds openly and honestly to others' concerns and needs
- Anticipates wants and accommodates needs
- Treats others with kindness and respect

Accountability is taking responsibility for one's attitude and behavior.

Allen associates say what we mean and do what we promise. We speak honestly and behave ethically with all. We represent Allen Health System and accept shared responsibility for our decisions, actions and service. An Allen associate who meets these standards:

- Manages emotions, attitudes and actions
- Resolves conflicts promptly and honestly, without blame or gossip
- Balances time and resources to meet patients' expectations
- Offers help willingly and supports team effort

Respect is showing honor, esteem and consideration.

Allen associates hold themselves, other people, our work and our community in high regard. We honor hard work, recognize accomplishments and encourage growth. An Allen associate who meets these standards:

- Values differences and treats others fairly
- Protects the privacy and confidentiality of patients and associates
- Celebrates others' achievements and builds on success
- Keeps others informed with special regard for their needs and schedules

Excellence is being better than the rest of the field.

Allen associates strive to deliver exceptional service to improve the health of the people and communities we serve. Our goal is to exceed the expectations of our associates, families and patients. An Allen associate who meets these standards:

- Advocates for patients to produce safe, positive results
- Changes to meet the individual needs of customers and patients
- Welcomes new ways to improve service, technical knowledge and clinical competence
- Finds ways to improve communications, processes and relationships

As a potential Allen associate, I am willing to commit to living the core values of Allen Health System.

Signature _____ Department _____

Print Name _____ Date _____