



**EDUCATION**

School Attended\_\_\_\_\_ Years Attended\_\_\_\_\_

City, State\_\_\_\_\_ Degree or Certification\_\_\_\_\_

School Attended\_\_\_\_\_ Years Attended\_\_\_\_\_

City, State\_\_\_\_\_ Degree or Certification\_\_\_\_\_

**PROFESSIONAL LICENSURE, REGISTRY, CERTIFICATION**

Copy required upon employment.

Type of License, Registry or Certification\_\_\_\_\_

Number\_\_\_\_\_ Expiration Date\_\_\_\_\_

Issuing State or Organization\_\_\_\_\_

Type of License, Registry or Certification\_\_\_\_\_

Number\_\_\_\_\_ Expiration Date\_\_\_\_\_

Issuing State or Organization\_\_\_\_\_

If not currently registered, licensed, or certified, are you eligible?

\_\_\_Yes \_\_\_No

When will you/did you sit for your examination? \_\_\_\_\_

**SPECIAL SKILLS**

\_\_\_Personal Computer \_\_\_Word Processing \_\_\_Medical Terminology

Hardware used\_\_\_\_\_

Software used\_\_\_\_\_

Other special skills\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION**

Did someone else make you aware of this position? If yes, please give name\_\_\_\_\_

Please include any additional information that you think would be applicable: e.g. internships, membership in professional organizations, additional relevant employment, and explanation of any gaps in employment.

**EXCLUDE** any information, which would denote race, sex, age, marital status, national origin, religious or political affiliations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list your job history starting with your present or most recent employment and noting any periods in which you were not employed in the section marked "Additional Information." Please include military service; do not include internships in this section.

**Name & Address of Employer**

Name\_\_\_\_\_ From (Month/Year)\_\_\_\_  
Address\_\_\_\_\_ To (Month/Year)\_\_\_\_  
\_\_\_\_\_ Salary\_\_\_\_\_

**Immediate Supervisor**

Name\_\_\_\_\_ Status \_\_\_FT \_\_\_PT  
Title\_\_\_\_\_ If Present Employer, May We Contact? \_\_\_Yes \_\_\_No  
Position Title\_\_\_\_\_

Describe Your Principal Duties or Responsibilities\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

=====  
**Name & Address of Employer**

Name\_\_\_\_\_ From (Month/Year)\_\_\_\_  
Address\_\_\_\_\_ To (Month/Year)\_\_\_\_  
\_\_\_\_\_ Salary\_\_\_\_\_

**Immediate Supervisor**

Name\_\_\_\_\_ Status \_\_\_FT \_\_\_PT  
Title\_\_\_\_\_ Position Title\_\_\_\_\_

Describe Your Principal Duties or Responsibilities\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

=====  
**Name & Address of Employer**

Name\_\_\_\_\_ From (Month/Year)\_\_\_\_  
Address\_\_\_\_\_ To (Month/Year)\_\_\_\_  
\_\_\_\_\_ Salary\_\_\_\_\_

**Immediate Supervisor**

Name\_\_\_\_\_ Status \_\_\_FT \_\_\_PT  
Title\_\_\_\_\_ Position Title\_\_\_\_\_

Describe Your Principal Duties or Responsibilities\_\_\_\_\_

Reason for Leaving\_\_\_\_\_

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on this application is grounds for refusal to hire, or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give the Hospital any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties and the Hospital from all liability for any damage that may result from furnishing such information. I authorize the Hospital to request and receive such information.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Hospital 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 Hospital or myself. I further understand that no manager or representative of the Hospital, other than the Administrator, or Assistant Administrator 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 any hospital policy. 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.

Employees are employed at-will or pursuant to the terms of a collective bargaining agreement.

I acknowledge that any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Hospital or myself. I understand that this application and any other documents, which I may receive, are not contracts of employment.

I agree to have a post-job-offer physical examination as required for my position. I understand that any offer of employment is contingent upon verification of information provided on this application, satisfactory completion of background checks, and my passing the post-job-offer physical examination.

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SIGNATURE

DATE

# HAMILTON HOSPITAL

800 Ohio Street, PO Box 430  
Webster City, IA 50595-0430

YOUR CONNECTION TO THE EXPERTS

Phone 515-832-7711

## REFERENCE AUTHORIZATION

Reference: \_\_\_\_\_

Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

We would appreciate your completing this form and returning it to us at your earliest convenience. Thank you for your assistance. You are welcome to **FAX** your response to us at **515-832-7832**.

Sincerely \_\_\_\_\_  
Name Title

Position Held With Your Company: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

	Very Good	Good	Average	Below Average	Cannot Report	Comments
Job Knowledge						
Job Performance						
Appearance/Attitude						
Cooperation						
Dependability						
Attendance						

Reason for Leaving: \_\_\_\_\_

Would you hire/rehire if possible?.....  Yes  No If not, why? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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### APPLICANT'S AUTHORIZATION

I authorize and request that all of my present and former employers and those individuals I have listed as personal 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 and all liability for damages arising from furnishing the requested information.

Applicant Signature \_\_\_\_\_  
Date \_\_\_\_\_

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