

HEARTLAND SPINE AND SPECIALITY HOSPITAL

EMPLOYMENT APPLICATION

Heartland Spine and Specialty Hospital complies with all applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of citizenship, race, color, religion, sex, age, national origin, disability or veteran status. No question or item on this application for employment is intended to secure information to be used for such discrimination. Information obtained through this application will be used solely to determine qualifications and suitability for employment. This application will be valid for a period of 90 days from date of completion.

PLEASE PRINT

Position(s) Applied for: _____

Date of Application: ____/____/____ Date Available for Employment: ____/____/____

Social Security Number: _____-_____-_____

Name: _____
Last First Middle

Address: _____

Phone: (____) _____ Message Phone: (____) _____

In school or employment, have you ever been known by any other name? Yes No
If yes, what is the name? _____

Type of Employment Desired: ____ Full – Time ____ Part – Time
____ PRN ____ Temporary

Shift Preferred: ____ Days ____ Evenings
____ Nights

Length of Shift Preferred: ____ 8 Hours ____ 12 Hours

Are you available if required?

Holidays	Yes	No
Overtime	Yes	No
Weekends	Yes	No
“On Call”	Yes	No

Clinical Areas of Interest:

____ Medical/Surgical ____ Recovery ____ Surgery ____ Other

How were you referred to Heartland Spine and Specialty Hospital?

____ Newspaper ____ Professional Journal ____ Career Day/Job Fair
____ Friend/Relative ____ Job Line ____ Hospital Employee
Other _____

EMPLOYMENT ELIGIBILITY INFORMATION

Are you at least 18 years of age? Yes No

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

Type of Authorization Document Number Expiration Date

Have you ever pleaded guilty or been convicted of a crime? Yes No
If "Yes" briefly explain the specific offense(s), where the offense(s) occurred, and the penalty or sentence imposed:

NOTE: A "Yes" does not necessarily disqualify you from employment with Heartland Spine and Specialty Hospital.

Have you ever had a license investigated, suspended or revoked? Yes No
If "Yes" please explain:

Heartland Spine and Specialty Hospital requires attendance on a regular basis.
Can you meet the attendance requirement? Yes No

Have you ever been terminated or asked to resign from any job? Yes No
If "Yes" please explain:

Complete this section if you served in the U.S. Armed Forces.

Branch of Service: _____ Period of Active Duty: _____

Describe duties, relevant training, and rank at discharge: _____

EDUCATION AND TRAINING

	School/ City & State	Number of Years Attended	Major Course Of Study	Degree/ Diploma
High School/GED				
College/ University				
College/ University				
Graduate School				
Technical School				
Other				

SPECIAL SKILLS / KNOWLEDGE – NON CLINICAL

	Yes	No	How many years experience
Data Entry			
Accounts Payable/ Account Receivable			
Accounting			
Management			
Supervision			
Computer Skills			
10 - Key			

SPECIAL SKILLS / KNOWLEDGE – CLINICAL

	Yes	No	How many years experience
Nursing			
Medical Terminology			
Medical Transcription			
Medical Billing/ Reimbursement			

Name of Employer: _____

Job Title: _____

Address: _____

Phone: (____) _____

Supervisor: _____

Employed From ____ / ____ / ____ to ____ / ____ / ____

Ending Salary: _____

Job Responsibilities: _____

Hours per Week: _____

Reason for leaving: _____

Name of Employer: _____

Job Title: _____

Address: _____

Phone: (____) _____

Supervisor: _____

Employed From ____ / ____ / ____ to ____ / ____ / ____

Ending Salary: _____

Job Responsibilities: _____

Hours per Week: _____

Reason for leaving: _____

Name of Employer: _____

Job Title: _____

Address: _____

Phone: (____) _____

Supervisor: _____

Employed From ____ / ____ / ____ to ____ / ____ / ____

Ending Salary: _____

Job Responsibilities: _____

Hours per Week: _____

Reason for leaving: _____

We may contact the employers listed above for employment references unless you indicate otherwise:

Do not contact: _____

Reason: _____

To All Applicants Concerning the Following Acknowledgments

It is not the intent of Heartland Spine and Specialty Hospital to be unnecessarily intrusive; however, because of certain regulatory requirements to which the hospital industry is subject, and because healthcare workers are generally held to a higher standard of public trust, you are asked to read and acknowledge the following:

APPLICANT STATEMENT

I hereby affirm that the information I have provided in this application (and the accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment.

I understand that nothing contained in this employment application, or in granting an interview, is intended to create an express or implied employment contract between Heartland Spine and Specialty Hospital and myself. No promises regarding employment or duration of employment have been made to me.

I understand that any offer of employment may be conditional on successful completion of a number of pre-employment requirements, including a health assessment (post-offer), verification of credentials, education and experience, attendance at a general orientation program, and any other requirements specified by Heartland Spine and Specialty Hospital (e.g., drug/alcohol screen). I understand that if any employment relationship is established, either Heartland Spine and Specialty Hospital or I have the right to terminate the relationship at any time and for any reason consistent with company policy and not otherwise prohibited by law.

Should Heartland Spine and Specialty Hospital deem it appropriate to do so, I authorize Heartland Spine and Specialty Hospital or its representatives to investigate and verify any and all of the information contained in this employment application, including a criminal background check and inquiry into the GSA and OIG sanction list. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment. I hereby release all investigators, previous employers, schools, organizations, individuals and Heartland Spine and Specialty Hospital from any liability for providing or receiving such information.

Signature

Date

AUTHORIZATION AND RELEASE FOR THE INQUIRY INTO THE GSA AND OIG SANCTION LISTS

Should Heartland Spine and Specialty Hospital deem it appropriate to do so, I, THE UNDERSIGNED APPLICANT, DO HEREBY AUTHORIZE Heartland Spine and Specialty Hospital to make a reasonable inquiry, and including a review of the Office of the Inspector General's (OIG's) Cumulative Sanctions Report (CSR) and the General Services Administration's (GSA's) List of Parties Excluded from Federal Procurement and Non-Procurement Programs (List).

I further understand that, during the course of employment, I will immediately disclose to the Corporate Compliance Officer (CCO) any proposed or actual exclusion from any health care program funded in whole or in part by the federal government, including Medicare and Medicaid.

Should I become an employee of Heartland Spine and Specialty Hospital, I further agree to a periodic inquiry of my records by Heartland Spine and Specialty Hospital on my behalf against the CSR and/or against the list.

I understand that it is the policy of Heartland Spine and Specialty Hospital to not knowingly employ an individual or entity that is listed by a federal agency as excluded, suspended or otherwise ineligible for participation in federal programs and that placement on the CSR or List may make me subject to dismissal.

Signature

Date