



The expertise you need. The personal care you want.
710 N. 12th ■ Guthrie Center, IA 50115 ■ 641-332-2201

Application for Employment

Date: Last 4-digits of Social Security #: XXX-XXX-

Email address:

Position(s)/Vacancy # Applying for: 1. 2.

I am interested in: Full-Time, Part-Time, Casual/PRN
I would be available to work: Day, Evening, Night

Personal Information

Last Name First Name Middle Initial

Street/Address/Apt. No City State Zip

Day Phone Number Evening Phone Number Cell Number

Are you 18 years of age or older? Yes No
Have you worked under another name? Yes No If yes, list name (s)

Are any of your relatives currently employed by Guthrie County Hospital Yes No
If yes, what department(s)?

Have you applied for employment or previously worked at Guthrie County Hospital? Yes No
If yes, what year and position?

Are you a citizen of the United States or specifically authorized to be employed in the United States? Yes No

Have you ever been excluded from any governmental program, i.e. Medicare? Yes No
If yes, please explain

NOTE: Omitting, failing to disclose or falsifying information may disqualify you from consideration.

How Were You Referred to Guthrie County Hospital?

Employee referral - Name of employee
Newspaper
Radio
Other
Internet - List site
Job Fair - List location
Walk - In

Education and Training Record

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D.

Name & location of College or Vocational Education	Certificate / Degree Received	Major or Specialty	Graduated		Dates Attended
			Yes	No	

Professional Licenses, Registrations and/or Certifications (RN, LPN, CNA, ARRT, ASCP, ETC.)

Profession: _____ State Issued: _____

License, Registration and/or Certification Number: _____

Has your professional license, registration and/or certification (in any state) ever been on probation, suspended, revoked, or limited in any way? Yes No

If yes, give reason _____

Skills

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques, etc.

Employment Record

List your present or most recent employer **FIRST**. Include U.S. Armed Forces experience. **Account for ALL the time during the past 10 years including period of unemployment. Include any unpaid work experience.** (Attach additional pages as needed.) Omit reasons for leaving if for reasons of health or disability. Resumes are acceptable but may **NOT** be substituted for the following information.

Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<p><u>Employed</u> From: Mo. Yr. To: Mo. Yr.</p> <p><u>Salary</u> Start: _____ End: _____</p> <p>May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____ _____ _____</p>
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Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <u>Salary</u> Start: _____ End: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____ _____ _____
Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <u>Salary</u> Start: _____ End: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____ _____ _____
Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Address _____ Job Title _____ Primary Duties/Responsibilities _____ _____ _____ _____ Manager _____ Phone # _____ Reason for leaving _____ _____	<u>Employed</u> From: Mo. Yr. To: Mo. Yr. <u>Salary</u> Start: _____ End: _____ May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why _____ _____ _____ _____
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Are there any gaps in your employment history or periods of unemployment during the past 10 year? Yes No
 If yes, please explain _____

References

LIST THREE PROFESSIONAL WORK REFERENCES (please do not list relatives)

Name	Circle One	Daytime Phone Number
1.	Co-worker / Supervisor	
2.	Co-worker / Supervisor	
3.	Co-worker / Supervisor	

Employment Agreement

I certify the information contained in this application for employment is true to the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of employment and/or dismissal (if hired) regardless of when discovered.

I grant permission for the authorities of Guthrie County Hospital to investigate my work and obtain information from those references or other sources concerning prior employment, I further release any from employer and any other source any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my work.

I agree to submit to a post-offer physical, including drug and/or alcohol screening and recognize employment is contingent upon successfully meeting the post-offer and physical requirements.

I further agree that if I've been convicted of a crime, the authorities of Guthrie County Hospital may obtain details of my conviction to determine its relationship to the position I'm applying for as a condition of my employment. I understand that this may include an Iowa criminal history and dependent adult abuse check with the Iowa Department of Criminal Investigation.

I understand that this application is not a contract for employment. In consideration of my employment, I agree to conform to the policies and procedures, and regulations of Guthrie County Hospital. My employment may be terminated, with or without cause, at any time, at the option of Guthrie County Hospital or myself.

Federal law requires evidence of identity and employment eligibility upon hire.

Signature of Applicant _____ **Date** _____

Guthrie County Hospital is an Equal Opportunity Employer
**Return this application along with other supporting
 application materials to the HR Department.**
Human Resources Department
710 N 12th Street
Guthrie Center, Iowa 50115
HR @gcho.org



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VOLUNTARY SELF-IDENTIFICATION FORM

The following statistical information is used by Guthrie County Hospital only for compliance with federal laws. Completion of this data is voluntary and will not be utilized for any employment decisions or conditions of employment.

Please mark one box in each category:

Sex

Female

Male

Race

White

Black or African American

Hispanic or Latino

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

Two or more Races

Name (please print)

Date

Signature