



GREATER REGIONAL MEDICAL CENTER

It's great to know, when you need us, we're here.

Thank you for your interest in employment at Greater Regional Medical Center. Our goal is to choose employees who exemplify excellent standards of behavior and performance. A set of standards have been developed by the employees of Greater Regional Medical Center to establish specific behaviors that all employees are expected to practice while on duty. Please review these standards, and if you agree that these are standards you are willing to abide by if you were to be hired, sign the document and continue to fill out the application form. Turn both documents into the receptionist when they are completed and that employee will see to it that your application is sent to Human Resources Department for processing.

**Again, thank you for your interest in employment at
Greater Regional Medical Center.**



GREATER REGIONAL MEDICAL CENTER

It's great to know, when you need us, we're here.

Greater Regional Medical Center Standards of Behavior and Performance

The goal of Greater Regional Medical Center is to choose employees who exemplify excellent standards of behavior and performance. A set of standards have been developed by the employees of Greater Regional Medical Center to establish specific behaviors that all employees are expected to practice while on duty. By incorporating these standards as a measure of overall work performance, Greater Regional Medical Center makes it clear that employees are expected to practice the following standards of behavior and performance.

Best People:

To be one of Greater Regional Medical Center's Best People, I will be expected to uphold the following standards:

- To be dependable
- To be honest
- To be respectful
- To have a positive attitude
- To be a team player and assist whenever and where ever I am needed
- To be flexible
- To be responsible
- To be punctual
- To be tactful.....

To my patients, co-workers and job responsibilities.

- Take pride and be professional in my job performance and knowledge
- Keep an open line of communication and follow the chain of command
- Abide by all safety policies

High Quality:

As a Greater Regional Medical Center employee I will be expected to maintain the following high quality standards:



GREATER REGIONAL MEDICAL CENTER

It's great to know, when you need us, we're here.

Date Received: _____

Application for Employment

Human Resources
Greater Regional Medical Center
1700 W. Townline; Suite 3
Creston, Iowa 50801
641-782-3695
Fax: 641-782-3801
www.GreaterRegional.org

Applicant's Name: _____

	Sent to:		
	<u>Date</u>	<u>Dept.</u>	<u>Job</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

This page is for department use only.

Name (first)	(middle)	(last)			
Address:		City	State	Zip	
Home Phone: ()		E-mail address: _____			
Cell Phone: ()					
How did you learn about this position: (Be specific)		Check All that Apply:			
<input type="checkbox"/> Referred by a GRMC employee, who: _____		<input type="checkbox"/> Currently employed at Greater Regional			
<input type="checkbox"/> Newspaper (specify) _____		<input type="checkbox"/> Previously employed at Greater Regional			
<input type="checkbox"/> Radio ad		<input type="checkbox"/> This does not apply to me			
<input type="checkbox"/> Job posting at www.greaterregional.org					
<input type="checkbox"/> Job posting at Greater Regional facility					
<input type="checkbox"/> Other (specify) _____					
Statement of Health Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you applied with or without a reasonable accommodation?		<input type="checkbox"/> Yes please explain: _____			
		<input type="checkbox"/> No			
Position (s) applied for:		Applying for: (check all that apply)			
1.		<input type="checkbox"/> Full Time			
2.		<input type="checkbox"/> Part time			
3.		<input type="checkbox"/> PRN (as needed)			
Have you graduated from high school?		Are you at least 18?		If no are you at least 16?	
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No	
<input type="checkbox"/> GED					
College/University	Name of School	Course Study	Graduated	Date	
Nursing School/Vocation	City, State, Zip	Degree: Major Field	Yes or No		
Professional Licenses		And/Or Certificates			
Type	License/Cert. #	State Issued	Expiration Date	Number of Hours	Date
Office Skills (Check all that apply)		Please list any additional experience, skills, and qualifications which may relate to the job for which you are applying:			
<input type="checkbox"/> Keyboard					
<input type="checkbox"/> Medical Terminology					
<input type="checkbox"/> Other (Explain) _____					
Have you ever been discharged from a job/		If Yes, list employer, dates, reason (s) and explanation:			
<input type="checkbox"/> Yes					
<input type="checkbox"/> No					

You are required to disclose all background information relevant to your employment here. Whenever possible, the circumstances of your situation will be considered in relation to the nature and duties of the job for which you apply. Failure to disclose will result in disqualification for employment. A conviction record will not necessarily disqualify an applicant from employment. The circumstances of a conviction will be considered in relation to the nature and duties of the job for which you apply.

I acknowledge that if my answer is not true, I may not be eligible for employment.

1. Do you have a record of founded child or dependent adult abuse? ___Yes ___No
2. Have you ever been convicted of a crime in this state or any other? ___ Yes ___No
3. Have you ever been excluded from or served with an exclusionary notice of any Governmental programs, ie: Medicare? ___Yes ___No

If yes to any questions, explain and give dates: _____

May we contact your present employer for reference? If no, please explain.

Yes

No _____

WORK EXPERIENCE

Employer

Telephone:

Address

Employed (month and year)

From:

To:

Name of Supervisor/Title:

Hourly Pay/Salary: % _____

Full Time

Part Time

Position held and your duties:

Reason for Leaving:

Employer

Telephone:

Address

Employed (month and year)

From:

To:

Name of Supervisor/Title:

Hourly Pay/Salary: % _____

Full Time

Part Time

Position held and your duties:

Reason for Leaving:

Employer

Telephone:

Address

Employed (month and year)

From:

To:

Name of Supervisor/Title:

Hourly Pay/Salary: % _____

Full Time

Part Time

Position held and your duties:

Reason for Leaving:

Work Related References

Give name (s) of persons familiar with your current abilities who we may contact for a reference. Please do not list relatives.

Name:

Address:

Relationship to Applicant/Title:

Organization:

Phone Number: (h) _____ (w) _____

Name:

Address:

Relationship to Applicant/Title:

Organization:

Phone Number: (h) _____ (w) _____

Citizenship

Military Service

Are you a U.S. Citizen? ___Yes ___No

If not a U.S. Citizen, what type of Visa do you possess?

___Student ___Permanent Entry U.S.A. ___Other

Explain: _____

Visa Number: _____

After employment, you will be required by IRCA Guidelines to prove your citizenship or eligibility as an alien.

___Not applicable

Branch of Service: _____ From: _____ To: _____

Rank & Duties: _____

Date Discharged: _____

PLEASE NOTE: Greater Regional Medical Center operates 24 hours a day, conditions of employment are generally made on basis of availability, tenure, with staffing assignments. As work changes occur within the Medical Center or on a regular basis.

seven days/ week. Assignments of shifts, departments, days off and other and ability in each job classification. Each employee is required to comply employees may be required to change shifts and/or days worked temporarily

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired; or if hired, I may be discharged.

- S** I authorize the employer to investigate all statements contained in this application for employment as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.
- I** I authorize my prior employers, references, and others with information regarding my work, educational history, or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.
- G** I hereby give permission for the employer to conduct an Iowa criminal history and dependent adult abuse check with the Division of Criminal Investigation.
- N** I understand that this application is not a contract of employment. If hired, my employment and compensation can be terminated at will, with or without a showing of cause, and with or without notice by either myself or my employer. I agree that if employed, I will abide by all policies, procedures, rules, and regulations established. I acknowledge that information contained in official employee records is shared with authorized individuals within Greater Regional.
- A** I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse/compliance background information, and favorable health evaluation which includes a physical examination and drug test (urinalysis) provided by Greater Regional Medical Center.
- T** Applicant: _____ Date: _____
- U** Greater Regional Medical Center is an Equal Opportunity Employer. With respect thereto, it is the policy of the medical center that all persons employed will be treated without regard to race, color, religion, qualified disability, sex, age, or national origin, except where these categories are a bonafide occupational qualification. The Human Resources Officer is the designated coordinator of the medical center's programs and procedures for implementation of this policy.
- R** This application is current for one year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.
- E**

Please Print:

Name: _____

Have you worked before under another name(s)? (Maiden, etc)

For Office Use Only

Date: _____

The above applicant has applied for _____ position at Greater Regional Medical Center, Creston, Iowa. Please complete and return. This information will be held in strict confidence.

Company Name: _____ Address: _____ Phone: _____

Supervisor/HR Representative: _____ Title: _____ Fax #: _____

Position (s) held by Applicant: _____

Dates of Employment: From _____ To _____ Eligible for rehire? Yes No

P E R F O R M A N C E

Standards	Far Exceeds	Exceeds	Meets	Below	N/A	Comments
Job Knowledge						
Quality of Work/Patient Care						
Quantity of Work						
Management/Supervisory Skills						
Interpersonal/Communication Skills						
Attendance/Dependability						



GREATER REGIONAL MEDICAL CENTER

It's great to know, when you need us, we're here.

Nursing Application Information

Applicant Name: _____ Date: _____

Employment Desired: _____

- ICU
- Obstetrics
- Outreach Services
- Home Care/Hospice
- Inpatient
- Surgery
- Specialty Clinic
- Other

Number of hours desired: ___ Full Time ___ Part Time ___ Casual ___ Weekends
 ___ Days ___ Nights

Please check which of the following types of shifts you would consider working:

Days

- 12 hour shifts
- 8 hour shifts

Nights

- 12 hour shifts
- 8 hour shifts
- Full time, working every other weekend
- Weekends only
- Weekends plus available on-call
- Weekends working every other weekend, not available on-call
- Weekends working every other weekend, available on-call
- Willing to work in more than one department

PLEASE NOTE: Greater Regional Medical Center operates 24 hours a day, seven days a week. Assignments of shifts, hospital units, days off and other conditions of employment are generally made on basis of availability, tenure, and ability in each job classification. Each employee is required to comply with staffing assignments. As work changes occur within departments or hospital-wide, employees may be required to change shifts and/or days worked temporarily or on a regular basis.

Student Application:

If returning to work, my last day of work will be: _____

Do you wish to work weekends during the school year?

- Yes
- No

Date: _____ Signature of Applicant: _____