

APPLICATION FOR EMPLOYMENT



An Affiliate of  UnityPoint Health

PRE-EMPLOYMENT REQUIREMENTS

PLEASE NOTE: In order to be considered for employment, applicants **MUST** sign **BOTH** the Employee Standards on page 2 and on page 4 of the application.

All applicants who are offered a conditional employment opportunity are required to submit a urine sample to be tested for illegal drugs **within 24 hours** of the conditional job offer. Applicants who fail to provide a sample for the drug screen within 24 hours, or who test positive for illegal drugs, are not eligible for employment with Greene County Medical Center for 1 year from the date of the offer.

All applicants who are offered a conditional employment opportunity are required to submit to a criminal and a child and dependent adult abuse background check. The results must be received and reviewed by Greene County Medical Center before new employees are allowed to begin their employment.

Prior to Employment - All new Greene County Medical Center employees must provide proof of immunization, or be immunized, for the following:

- MMR#2 (Measles-Mumps-Rubella)
- Hepatitis B & Tdap (dates received and provider) for direct care providers
- Most recent TB skin testing (date received and provider)
- Tetanus booster (most recent date)

Records may be obtained through doctor's office, school/college health, or past employers.

All new employees must also provide the following items prior to employment:

- A document which establishes identity
- A document that establishes employment eligibility
- Copy of professional license / registration / certification (if applicable)
- Driver's License and proof of auto insurance if job requires use of Greene County Medical Center or personal vehicle

If you drive for Greene County Medical Center you are required to have the appropriate current and unrestricted license. You will be required to furnish proof of your driving record as part of your application and may be required to release your driving record annually thereafter.

Greene County Medical Center is a tobacco - free environment. Tobacco products may not be used in the building, on the grounds or within a one block radius of the campus. Employees are not permitted to use tobacco products during working hours, nor are they allowed to come to work smelling of tobacco. Greene County Medical Center is in compliance with the Smokefree Air Act of Iowa effective July 1, 2008.

Greene County Medical Center

1000 West Lincolnway
Jefferson, Iowa 50129
(515) 386-2114
fax (515) 386-3695
HR@gcmchealth.com
www.gcmchealth.com

Pre-Employment Drug Screen Required / Equal Opportunity Employer

GREENE COUNTY MEDICAL CENTER

1000 West Lincolnway Jefferson, IA 50129

www.gcmchealth.com

Greene County Medical Center is an **Equal Opportunity Employer**. All employees and applicants for employment will be treated without regard to race, creed, color, sex, pregnancy, religion, age(18 & older), national origin, gender identity, sexual orientation or disability.

Application Date:	Last Name:	First Name:	Middle Initial:	
Email:	Phone Number:	Alternate Phone:		
Current Address	City:	State:	Zip Code:	
Previous Address	City:	State:	Zip Code:	
Position(s) for which you are applying?	Have you ever been employed by Greene County Medical Center? If yes, please give dates of employment:			
	Check All forms of employment for which you are interested: ___ Full Time ___ Regular ___ 1st Shift ___ 3rd Shift ___ Part Time ___ Temporary ___ 2nd Shift ___ Weekends			
Are you eligible, and able to provide valid proof of eligibility, to be legally employed in the United States?				
Are you able to perform the duties of the position for which you have applied, with or without reasonable accommodation?				
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime other than a simple misdemeanor offense relating to motor vehicles and laws of the road under chapter 321 or equivalent provisions, in this state or any other state? Convictions will not necessarily preclude one from consideration of employment - omitting this data WILL preclude one from employment. (use additional sheets as necessary)				
Have you ever been discharged from a job? If yes, please explain:				
Professional, trade or other organizations.				
Education	City & State	Major / Area of Study	# of Years Attended	Degree or Diploma?
Last High School				
Post Secondary (College or University)				
Technical or Vocational School				
Other training or adult education programs.				
Currently taking courses?				
REFERENCES	Please list the names of three persons - who are NOT relatives or friends - we may contact to verify your qualifications for the position:			
Name	Occupation and position	Organization	Phone	
Name	Occupation and position	Organization	Phone	
Name	Occupation and position	Organization	Phone	
How did you hear about this position? ___ Bee/Herald ___ Friend ___ Walk-In ___ IWD Website ___ Greene County Medical Center Website ___ Other, please list				

(Please turn over and complete back side)

EXPERIENCE		Give a complete record of all employment and reasons for periods unemployed during the past ten years. Start with most recent employment. Attach a separate sheet if necessary.		
Business or Employer's Name		Position	Reason for Leaving (please be specific)	
Address, City & State		Phone Number		
From (Month/Yr):To (Month/Yr)	Salary	Supervisor's Name		
		May we contact for a reference? Yes / No		
Business or Employer's Name		Position	Reason for Leaving (please be specific)	
Address, City & State		Phone Number		
From (Month/Yr):To (Month/Yr)	Salary	Supervisor's Name		
		May we contact for a reference? Yes / No		
Business or Employer's Name		Position	Reason for Leaving (please be specific)	
Address, City & State		Phone Number		
From (Month/Yr):To (Month/Yr)	Salary	Supervisor's Name		
		May we contact for a reference? Yes / No		
Business or Employer's Name		Position	Reason for Leaving (please be specific)	
Address, City & State		Phone Number		
From (Month/Yr):To (Month/Yr)	Salary	Supervisor's Name		
		May we contact for a reference? Yes / No		
Business or Employer's Name		Position	Reason for Leaving (please be specific)	
Address, City & State		Phone Number		
From (Month/Yr):To (Month/Yr)	Salary	Supervisor's Name		
		May we contact for a reference? Yes / No		
What office machines or computer software programs can you use?				
Professional Licenses, Registrations and / or Certifications				
Type	Number	State Issued	Date	Expires
Type	Number	State Issued	Date	Expires

Area of specialization or major interest:

Are you fluent in any language other than english? If yes, please list:

Please list any other information you believe to be pertinent to your application:

In making this application for employment with Greene County Medical Center I have truthfully given full information covering questions included in this application form. I understand that any offer of employment with Greene County Medical Center is contingent upon satisfactory passing of the required physical examination and drug screen. I also understand that if any of the information is found to be false. It is grounds or disqualification or immediate dismissal.

I hereby give permission to Greene County Medical Center to consult with my previous employers, acquaintances and with other sources to verify the information contained herein, and to learn of my ability and integrity (except where specifically requested, under employment history section) for the purpose of securing any other information Greene County Medical Center may deem necessary. I hereby release them and their organization from all liability or any damage whatsoever resulting from issuing information concerning me.

I understand that this application is not a contract of employment. I understand that Iowa recognizes an "At-Will" relationship between employee and employer, and I understand that nothing written or said will change my "At-Will" employment status.

Applicant's Signature: _____

Date: _____