

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT STATEMENT

PLEASE CAREFULLY READ THE FOLLOWING BEFORE SIGNING THIS STATEMENT:

ALEAGENT HEALTH RESERVES THE RIGHT TO REJECT ANY APPLICATION WHICH HAS NOT BEEN FULLY COMPLETED. A NEW APPLICATION WILL BE REQUIRED AFTER 90 DAYS. PLEASE PRINT OR TYPE IN BLACK INK.

1. I certify that the information contained in this application is complete and true to the best of my knowledge and that I have not knowingly withheld any facts or information, which would affect my employment. I hereby authorize Alegent Health or an agent of Alegent Health to verify the information contained herein and to investigate my employment, education, personal history, criminal history, credit history, and motor vehicle operation history as applicable and release said agency from any and all liability resulting from such an investigation. I understand that any falsification or omission of material and/or information requested may result in denial of employment or termination if I am already employed.
2. I understand that any offer of employment is contingent upon successful completion of a total pre-employment screening process. This process includes, but is not limited to, references that are, in the sole opinion of Alegent Health, considered satisfactory, successful completion of a post job offer pre-employment physical that includes a screening for drugs and alcohol and an essential functions assessment, satisfactory criminal and adult/child abuse and neglect checks and completion of orientation within 30 days of the start of my employment.
3. Alegent Health subscribes to a clean air policy. Smoking is not allowed anywhere inside or outside the facilities.
4. In accordance with the Drug-Free Workplace Act of 1988, it is the policy of Alegent Health to provide a safe environment for patients, employees and visitors. The illegal manufacture, possession, distribution or use of controlled substances by employees in the workplace is prohibited.
5. No person will be denied employment or equal treatment in the administration of salary, benefits, opportunity for advancement or any other terms or conditions of employment because of race, religion, sex, age, national origin, disability, or veteran status.
6. I understand and agree that neither this form, nor any other written policy or procedure of Alegent Health and its facilities, will constitute a contract of employment between Alegent Health and myself for either a definite or an indefinite period of time. I further understand that if employed, my employment is at-will and I may resign at any time. I further understand that if employed, my employment is at-will and I may resign at any time and that Alegent Health may terminate or modify the terms and conditions of my employment at any time.

I HAVE READ AND AGREE TO THE ABOVE AND HEREBY CERTIFY THAT THE FACTS THAT I HAVE PROVIDED IN MY EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE.

Signature	Date
Human Resources Representative (witness)	

ALEAGENT HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Full Legal Name (Last)	First	Middle	SSN
Address	City	State	ZIP
Phone ()	Answering Machine <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Phone ()	
Positions Desired: First Choice _____ Second Choice _____ Third Choice _____			

Check all that apply, under each of the following sections:

Schedule	Setting	Shift
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Pool/on-call <input type="checkbox"/> Temporary	<input type="checkbox"/> Hospital <input type="checkbox"/> Home Care <input type="checkbox"/> Extended Care/Senior Health Services <input type="checkbox"/> Outpatient Clinic	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Rotating

Do you have a preference regarding work location? Yes No
 If yes, where? _____

Hours/Days/Shifts you are **not** available to work _____

Have you ever been employed by Alegent Health or affiliate? Yes No

If yes, please complete the following:

Location	Separation Date _____ month _____ year
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Other name under which you may have been employed _____

Have you previously applied for any other positions with Alegent Health? Yes No

If yes, date(s) _____

Do you have any relatives now employed by Alegent Health? Yes No

If yes, complete below:

Name	Department	Relationship
Name	Department	Relationship

EDUCATIONAL AND TRAINING RECORD

Type of Institution	Name and Location	Certificate/Degree Received	Dates Attended
High School			
College/University			
College/University			
Professional School			
Technical School			

CURRENT PROFESSIONAL REGISTRATION

Include driver's license only if applying for a position which requires driving an Alegent Health System owned vehicle. You must be able to provide proof of license upon request.

Type	License Number	Expiration Date	Granted by (licensing board)	State	Verified by (office use only)

PERSONAL REFERENCES (Please do not list relatives or past/present employers)

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1.	Name	Occupation/Relationship		
	Address	State	ZIP	
	Home Phone ()	Other Phone ()		
2.	Name	Occupation/Relationship		
	Address	State	ZIP	
	Home Phone ()	Other Phone ()		

EMPLOYMENT RECORD

List your present or most recent employer **first**, including military, volunteer, and unpaid work experiences. Account for all time, including periods of unemployment. If additional space is needed, please request a supplemental form. Resumes may be attached, but we also request that the following information be completed.

Are you employed at the present time? Yes No
 If yes, may we contact your present employer? Yes No

Employer		Address	
City	State	ZIP	Phone ()
Job Title	Employed From	To	Salary
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed	
Employer		Address	
City	State	ZIP	Phone ()
Job Title	Employed From	To	Salary
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed	
Employer		Address	
City	State	ZIP	Phone ()
Job Title	Employed From	To	Salary
Primary Duty/Responsibilities			
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Employer		Address	
City	State	ZIP	Phone ()
Job Title	Employed From	To	Salary
Primary Duty/Responsibilities			
Reason for Leaving			
Supervisor		Other name(s) under which you may have been employed	

EXPERIENCE/SKILLS: Place a check in the box to indicate experience in the following:

CLERICAL	SPECIAL SKILLS
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<input type="checkbox"/> Accounting	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Office Copier
<input type="checkbox"/> Admissions	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Postage Meter
<input type="checkbox"/> Cashier	<input type="checkbox"/> Calculator	<input type="checkbox"/> Shorthand – Speed _____
<input type="checkbox"/> Collections/Credit	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Software _____
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Typing Speed _____
<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Fax	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Other _____	

OPERATION AND MAINTENANCE

<input type="checkbox"/> Electronics	<input type="checkbox"/> Grounds Keeping	<input type="checkbox"/> Instrument Technician
<input type="checkbox"/> Engineering	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Food Preparation/Cook	<input type="checkbox"/> HVAC (heating/ventilation/air conditioning)	<input type="checkbox"/> Other _____

ADMINISTRATIVE MANAGEMENT SKILLS

<input type="checkbox"/> Budgeting, describe _____	<input type="checkbox"/> Sales
<input type="checkbox"/> Contract Negotiation	<input type="checkbox"/> Statistical Analysis/Reporting
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Supervisory: Number of Employees _____
<input type="checkbox"/> Reporting Writing	<input type="checkbox"/> Training/Development
<input type="checkbox"/> Human Resources	<input type="checkbox"/> Other _____

PATIENT CARE APPLICANTS (Please check if you have experience in any of the following areas.)

<input type="checkbox"/> ACLS (expiration date) _____	<input type="checkbox"/> Emergency	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> CPR/BLS Cert (expiration date) _____	<input type="checkbox"/> Hospice	<input type="checkbox"/> Private duty
<input type="checkbox"/> NRP (expiration date)	<input type="checkbox"/> Labor and Delivery	<input type="checkbox"/> Psych
<input type="checkbox"/> Case management	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Rehab
<input type="checkbox"/> Cath Lab	<input type="checkbox"/> Med/Surg	<input type="checkbox"/> Subacute Rehab
<input type="checkbox"/> Clinic/Office	<input type="checkbox"/> Neonatology	<input type="checkbox"/> Surgery
<input type="checkbox"/> Community Health	<input type="checkbox"/> Nurse in Charge	<input type="checkbox"/> Telemetry
<input type="checkbox"/> Coronary Care	<input type="checkbox"/> OB/GYN Nursery	<input type="checkbox"/> Other _____
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Oncology	
<input type="checkbox"/> Educator	<input type="checkbox"/> Orthopedics	

Please rate your experience in the following areas using this scale:

1 – No experience 2 – Limited experience 3 – Moderate experience 4 – very experienced, do frequently 5 – expert level, able to teach

IV Skills

_____ A Line	_____ Epidural	_____ Hyperal	_____ Neonatal	_____ Piggyback Meds
_____ Adult	_____ Groshong	_____ Intercath	_____ PCA	_____ Quick Cath (butterfly)
_____ AV Shunt	_____ Hep Lock	_____ IV Push	_____ Pediatric	_____ Swan Ganz
_____ CVP Line	_____ Hickman	_____ Mediport	_____ PICC Line	

Other

_____ Ace Wrap	Dressing: _____ wet to dry _____ sterile	_____ G-Tube/J-Tube	_____ Intrauterine Monitor
_____ Apnea Monitor	Drains: _____ JP _____ T-Tube	_____ Hemovac	_____ NG Insertion
_____ Balloon Pump Foley	Cath: <input type="checkbox"/> Male <input type="checkbox"/> Female		_____ Traction
_____ Cardiac Monitoring	Suctioning: _____ Oral _____ Trach		_____ Ventilators

I hereby certify that I am not currently excluded from participation in any federally funded healthcare program, including Medicare and Medicaid, and that I am not aware of any potential exclusion from a federally funded healthcare program.

Yes No

The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination of age with respect to individuals who are at least 40 years of age. Federal law prohibits employing persons 14 to 17 years of age in certain high-risk positions, and limits the hours they may work.

Are you at least 16 years of age? Yes No Proof of age will be required if hired.

Have you ever been convicted of a crime (felony or misdemeanor) involving any kind of violence, e.g., assault or abuse of any kind, a crime involving dishonesty, e.g., theft, or any other crime of a similar or serious nature?

Yes No

List and explain the details below.

Note: A conviction will not automatically disqualify you from consideration for employment. Employment decisions will be based on the particular crime for which you were convicted, how long ago you were convicted, any relevant developments, and the nature of the employment.

It is the intention of Alegent Health to hire only individuals legally eligible to work in the United States.

Do you have authorization to work in the US? Yes No

Can you, if an offer of employment is made, submit proof of your legal right to work in the US? Yes No

Please state whether you have been found guilty of child abuse or dependent adult abuse or are a convicted sex offender. Yes No

Do you have the required credentials listed in the job posting for this position or will you be able to obtain them in the amount of time allotted per the job posting? Yes No

Have any of your credentials, required by this position per the job posting, ever been suspended or revoked? Yes No

Are you current excluded from participation in any federally funded healthcare program, including Medicare and Medicaid, or are you aware of any potential exclusion from a federally funded healthcare program? Yes No

OFFICE USE ONLY

Name: Last	First	MI
Date	SSN	

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Alegent Health is an equal opportunity/affirmative action employer and is committed to providing equal opportunity to all qualified persons without regard to race, color, religion, age, sex, or national origin. We invite you to furnish the following information on a voluntary basis. The information is confidential and will be used only in reporting statistical data needed to comply with Federal requirements. No person with hiring authority will have access to this information. Failure to complete this form will NOT subject you to any adverse treatment in the employment process.

Please Print																	
Name (Voluntary): Last	First	MI	Date: (Month/Day/Year)														
Date of Birth (Month/Day/Year)			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female														
Check Race: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other _____			Position Applying For: <hr/> Location where application is being submitted: 														
Referral Source <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Walk-in</td> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> Omaha World Herald</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Alegent Health Job Listing</td> <td style="padding: 2px;"><input type="checkbox"/> Other Newspaper _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Job Hotline</td> <td style="padding: 2px;"><input type="checkbox"/> Television _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Internet Website</td> <td style="padding: 2px;"><input type="checkbox"/> Radio Station _____</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> School _____</td> <td style="padding: 2px;"><input type="checkbox"/> Professional Journal</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Current Employee _____</td> <td style="padding: 2px;"><input type="checkbox"/> State Job Service : NE IA</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Career Fair</td> <td style="padding: 2px;"><input type="checkbox"/> Other _____</td> </tr> </table>				<input type="checkbox"/> Walk-in	<input type="checkbox"/> Omaha World Herald	<input type="checkbox"/> Alegent Health Job Listing	<input type="checkbox"/> Other Newspaper _____	<input type="checkbox"/> Job Hotline	<input type="checkbox"/> Television _____	<input type="checkbox"/> Internet Website	<input type="checkbox"/> Radio Station _____	<input type="checkbox"/> School _____	<input type="checkbox"/> Professional Journal	<input type="checkbox"/> Current Employee _____	<input type="checkbox"/> State Job Service : NE IA	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Other _____
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Signature/Date _____

Social Security # _____