

STORY COUNTY MEDICAL CENTER
EMPLOYMENT APPLICATION (CONTINUED)



JOB RELATED REFERENCES

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information contained in this application is correct and I understand and agree that the falsification, misrepresentation, or omission of any information in this application are grounds for refusal to hire or if I have been hired, grounds for termination. I authorize investigations including criminal, adult abuse and excluded provider background checks as necessary for employment. I understand and agree that if, in the judgement of Story County Medical Center, the results of the investigations are not satisfactory, any offer of employment made by Story County Medical Center may be withdrawn or my employment with Story County Medical Center may be terminated. I authorize the references listed in this application, including personal and employment references and all prior employers, to provide you with all information pertinent to this application. I release all parties from liability for any damages, which may result from the release of any information as a part of the employment verification process.

All successful applicants must pass a physical exam prior to beginning employment at Story County Medical Center. I understand that an offer of employment is contingent upon my passing Story County Medical Center's medical examination before starting work. If the examination discloses conditions that prevent me from safely and successfully performing the essential functions of the job, Story County Medical Center shall attempt to make accommodations that will enable me to work. If no reasonable accommodations can be found, or if such accommodations impose undue hardship on Story County Medical Center, the offer of employment will be withdrawn.

I further acknowledge that I understand that Story County Medical Center has a policy of employment at will and if I am hired by Story County Medical Center my employment may be terminated either by myself or by Story County Medical Center at any time.

I understand that employment is contingent upon successful completion of a job-required licensure, certification, or registration exam, if applicable and not already completed.

I acknowledge that I have been advised that this application will remain active for six months from this date.

Signature: _____ Date: _____

Please return completed applications to:

Story County Medical Center Human Resources
640 S 19th Street, Nevada, Iowa 50201

ksiebrecht@storymedical.org
Fax: 515-382-7760

To better focus our employee recruitment efforts, please tell us where you heard about the position you are applying for:

Newspaper advertisement Story Medical website Other website: _____
 Employment agency Current employee (name): _____
 Recruitment/Job fair at: _____ Other: _____

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PLEASE READ CAREFULLY: Story County Medical Center is committed to the policy that all persons have equal access to its employment, programs and facilities without regard to race, color, religion, sex, national origin, age or disability. It is the applicant's responsibility to request any special arrangements needed to facilitate the application process.

(Please Print) _____ Date: _____

Name: _____
Last First Middle

Mailing address: _____

City: _____ State: _____ Zip code: _____

Telephone (including area code) where you can be contacted:

Primary: (_____) _____ Email: _____

Job desired: _____

Full time Part time PRN Temporary

Shift preference: Day Night Evening Open

On what date can you be available to start work? _____ / _____ / _____

Have you ever worked at Story County Medical Center? Yes No

If yes, department/date: _____

Are you related, by blood, marriage, adoption, to any current employee at Story County Medical Center?

No Yes --- Please name these relatives: _____

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? Yes No

If you drive for Story Medical 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.

EDUCATION:

High School

Name: _____ Location: _____

Courses of study: _____

Diploma/Degree: _____

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EMPLOYMENT APPLICATION (CONTINUED)



EDUCATION: (continued)

Business/Trade School

Name: _____
Location: _____
Courses of study: _____
Diploma/Degree: _____

College/University

Name: _____
Location: _____
Courses of study: _____
Diploma/Degree: _____

Military Training

Name: _____
Location: _____
Courses of study: _____
Diploma/Degree: _____ Date of discharge: _____

If licensed, registered, or certified, please provide the following information.

Your number: _____ Date of licensure: _____ State: _____
Your field: _____ Expiration date: _____

Failure to provide accurate and complete information may result in any offer of employment from Story County Medical Center being withdrawn or the termination of your employment if the information is discovered to be inaccurate and/or incomplete after you have become an employee. Additional sheets for your complete employment history will be provided upon request. Do not omit any prior employment within the past 10 years.

EMPLOYMENT

From: (Mo.) _____ (Yr.) _____ **To:** (Mo.) _____ (Yr.) _____ Full time Part time

Employer: _____
Address: _____
Phone number: _____ Job title: _____
Specific responsibilities: _____

Reason for leaving: _____

Starting salary: _____ Last salary: _____ Supervisor: _____

May we contact this employer: Yes No

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EMPLOYMENT APPLICATION (CONTINUED)



From: (Mo.) _____ (Yr.) _____ **To:** (Mo.) _____ (Yr.) _____ Full time Part time

Employer: _____
Address: _____
Phone number: _____ Job title: _____
Specific responsibilities: _____

Reason for leaving: _____

Starting salary: _____ Last salary: _____ Supervisor: _____

May we contact this employer: Yes No

From: (Mo.) _____ (Yr.) _____ **To:** (Mo.) _____ (Yr.) _____ Full time Part time

Employer: _____
Address: _____
Phone number: _____ Job title: _____
Specific responsibilities: _____

Reason for leaving: _____

Starting salary: _____ Last salary: _____ Supervisor: _____

May we contact this employer: Yes No

From: (Mo.) _____ (Yr.) _____ **To:** (Mo.) _____ (Yr.) _____ Full time Part time

Employer: _____
Address: _____
Phone number: _____ Job title: _____
Specific responsibilities: _____

Reason for leaving: _____

Starting salary: _____ Last salary: _____ Supervisor: _____

May we contact this employer: Yes No

From: (Mo.) _____ (Yr.) _____ **To:** (Mo.) _____ (Yr.) _____ Full time Part time

Employer: _____
Address: _____
Phone number: _____ Job title: _____
Specific responsibilities: _____

Reason for leaving: _____

Starting salary: _____ Last salary: _____ Supervisor: _____

May we contact this employer: Yes No