



# Columbus Community Hospital, Inc.

## EMPLOYMENT APPLICATION

4600 38th Street • P.O. Box 1800 • Columbus, NE 68602-1800

DATE OF APPLICATION

NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NO. - -	TELEPHONE NO. ( )
------------------------------------	----------------------------	----------------------

ADDRESS (include city, state and zip code)	EMAIL ADDRESS
--	---------------

Do you have the right to work in the United States?  Yes  No

Are you 18 years old or older?  Yes  No

Have you ever worked or been a student for Columbus Community Hospital before?  Yes  No

If yes, when? \_\_\_\_\_ What department(s)? \_\_\_\_\_

Do you have any relatives or friends who work for Columbus Community Hospital?  Yes  No

If yes, what are their names? \_\_\_\_\_

Did a Hospital Employee refer you to this position?  Yes  No What is their name? \_\_\_\_\_

Relationship? \_\_\_\_\_

Are you a veteran?  Yes  No If yes, what branch? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? If no, place initials here: \_\_\_\_\_

If yes, please explain, including offenses for which convicted, dates and location. (Convictions do not automatically bar employment. Nature, date, rehabilitation and relation with job sought will be considered.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Check all that apply under each of the following sections):

**SCHEDULE:**

- Full-Time
- Part-Time
- Pool/On-Call
- Temporary

**SHIFT:**

- Day
- Evening
- Night
- Weekend
- Rotating

Exact position(s) you are applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Rate of pay you expect: \$ \_\_\_\_\_ Date available to start work: \_\_\_\_\_

### CURRENT PROFESSIONAL REGISTRATION

Include driver's license ONLY IF applying for a position which requires driving. You must be able to provide a proof of license upon request.

TYPE:	LICENSE NUMBER:	EXPIRATION DATE:	GRANTED BY: (Licensing Board)	STATE:

Has your license ever been suspended/revoked?  Yes  No If yes, date and reason: \_\_\_\_\_

### EDUCATION BACKGROUND

HIGH SCHOOL NAME / LOCATION	LEVEL COMPLETED 9 10 11 12	DIPLOMA / GED	DATE GRADUATED
COLLEGE UNIVERSITY NAME / LOCATION	LEVEL COMPLETED 1 2 3 4	DIPLOMA / DEGREE	MAJOR / COURSE OF STUDY
GRADUATE/PROFESSIONAL SCHOOL NAME / LOCATION	LEVEL COMPLETED 1 2 3 4	DIPLOMA / DEGREE	MAJOR / COURSE OF STUDY

## EMPLOYMENT RECORD

List your present or most recent employer FIRST. Include military, volunteer, and unpaid work experiences. Account for all time, including periods of unemployment. If additional space is needed, please use blank paper. 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 Code: _____ Phone: (    ) _____
Job Title: _____	Employed From: _____ To: _____
Salary: _____	
Primary Duty/Responsibilities: _____	
_____	
Reason for Leaving: _____	
Supervisor: _____	Email: _____

Employer: _____	Address: _____
City: _____	State: _____ ZIP Code: _____ Phone: (    ) _____
Job Title: _____	Employed From: _____ To: _____
Salary: _____	
Primary Duty/Responsibilities: _____	
_____	
Reason for Leaving: _____	
Supervisor: _____	Email: _____

Employer: _____	Address: _____
City: _____	State: _____ ZIP Code: _____ Phone: (    ) _____
Job Title: _____	Employed From: _____ To: _____
Salary: _____	
Primary Duty/Responsibilities: _____	
_____	
Reason for Leaving: _____	
Supervisor: _____	Email: _____

Employer: _____	Address: _____
City: _____	State: _____ ZIP Code: _____ Phone: (    ) _____
Job Title: _____	Employed From: _____ To: _____
Salary: _____	
Primary Duty/Responsibilities: _____	
_____	
Reason for Leaving: _____	
Supervisor: _____	Email: _____

Employer: _____	Address: _____
City: _____	State: _____ ZIP Code: _____ Phone: (    ) _____
Job Title: _____	Employed From: _____ To: _____
Salary: _____	
Primary Duty/Responsibilities: _____	
_____	
Reason for Leaving: _____	
Supervisor: _____	Email: _____

## BUSINESS SKILLS

Keyboarding Skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other skills? What business machines can you operate? Computer skills? Software proficiency? <hr/> <hr/> <hr/>
Speed  wpm	<hr/> <hr/> <hr/>

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

---



---



---

State any additional information you feel may be helpful to us in considering your application.

---



---



---

PATIENT CARE APPLICANTS - Please check if you have successfully completed any of the following:

<input type="checkbox"/> ACLS (Exp. date): _____	<input type="checkbox"/> PALS (Exp. date): _____
<input type="checkbox"/> CPR/BLS Cert. (Exp. date): _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> NALS (Exp. date): _____	<input type="checkbox"/> Other: _____

## REFERENCES (Please do not list relatives or friends)

1.	_____	_____	_____
	Name	Phone #	Relationship
	_____	_____	_____
	Address		Email
2.	_____	_____	_____
	Name	Phone #	Relationship
	_____	_____	_____
	Address		Email
3.	_____	_____	_____
	Name	Phone #	Relationship
	_____	_____	_____
	Address		Email

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.  
COLUMBUS COMMUNITY HOSPITAL, INC. (CCH) RESERVES THE RIGHT TO REJECT  
ANY APPLICATION WHICH HAS NOT BEEN FULLY COMPLETED.  
A NEW APPLICATION WILL BE REQUIRED AFTER 6 MONTHS. 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 CCH or an agent of CCH 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. In addition, I understand CCH will conduct a check of the Child and Adult Abuse Registry, the Sex Offender Registry and the OIG and GSA Excluded Parties Listings.
2. I understand that prior to my employment, I must pass a physical assessment, which will include a drug/alcohol screen and an essential functions assessment. I understand that the exam will be provided by CCH. Failure to pass this assessment will be grounds for denial of employment or termination if I am already employed.
3. I also understand that all offers of employment are contingent upon the successful completion of the above items and that discovery of any falsified, omitted or negative information at any point in time may result in denial of employment or termination if I am already employed.
4. CCH is tobacco-free. Tobacco use is prohibited on all CCH property.
5. In accordance with the Drug-Free Workplace Act of 1988, it is the policy of CCH 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.
6. No person shall 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 the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.
7. If employed, I will comply with all rules and regulations for employees of CCH facilities. I understand and agree that neither this form, nor any other written policy or procedure of CCH and its facilities, shall constitute a contract of employment between CCH and myself for either a definite or an indefinite period of time. I further understand that if employed, I may resign at any time and that CCH may terminate or modify the terms and conditions of my employment at any time.
8. Integrity, Compassion, Accountability, Respect, and Excellence are Values we hold high here at CCH. If employed, I will commit to building an environment that will uphold these high standards.
9. 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. Upon my termination, I authorize the release of reference information on my work and will release CCH from any liability whatsoever as a result of any such inquiry and factual disclosures.
10. I authorize any reference source to provide CCH with any and all information concerning my previous records, any pertinent information they may have, personal or otherwise, and release parties from all liability for any damage that may result from furnishing to CCH.
11. I understand that CCH operates 24 hours a day, seven days a week, and that weekend work or temporary changes of shift may be required during my employment.
12. **I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to Columbus Community Hospital.**

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:** \_\_\_\_\_

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051