

- Norton Community Hospital
- Dickenson Community Hospital
- Community Physicians Services Corporation
- Community Home Care

EMPLOYMENT APPLICATION

Please Read Carefully -- Write Clearly -- Answer All Questions

Application Date _____

NAME & LOCATION	Last Name		First	Middle	Social Security Number		
	Former Name (Maiden)		First	Middle			
	Present Address		City	State	ZIP Code	Telephone Number ()	
	Former Address <small>(if above address covers less than 7 years)</small>		City	State	ZIP Code	Alternate Number ()	
	E-mail Address					Fax Number ()	
EMPLOYMENT DESIRED	Position Applied for (first choice):		Experience?		Position Applied for (second choice):		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Have you ever worked for our organization before?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, list any former name above. Separation Date:		
	Position:						
	Hours available: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/Registry <input type="checkbox"/>		Date Available for Work:		Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Shift Preferences <i>(All employees must be willing to work as assigned)</i>		How did you learn about the position you are applying for?				
Weekends/Holidays? Yes <input type="checkbox"/> No <input type="checkbox"/> Rotating (day/night) shifts? Yes <input type="checkbox"/> No <input type="checkbox"/>		Online ad <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Hospital website <input type="checkbox"/>					
On Call? Yes <input type="checkbox"/> No <input type="checkbox"/> Shift length? 8-hour <input type="checkbox"/> 12-hour <input type="checkbox"/>		Walked in <input type="checkbox"/> Employee Referral <input type="checkbox"/> _____ <small>Name of Employee</small>					
Schedule? Days <input type="checkbox"/> Nights <input type="checkbox"/>		Other <input type="checkbox"/> _____					
PERSONAL	Have you ever been convicted of a felony? <i>(Norton Community Hospital, Inc. performs criminal history background checks.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain - give dates:						
	Have you ever been convicted of a crime under another name? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain - give dates:						
	Have you ever been excluded, debarred or suspended from any federally funded health care program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain - give dates:						
	Have you ever been discharged from a job or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain - give dates:						
	Have you any relatives employed with our organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give names:						
	Have you any hobbies or interests, or belong to any club, organization, society or professional group which has a direct bearing on your qualification for the position which you are applying? You may omit those which indicate your race, religion, color, national origin, ancestry, sex, age, sexual orientation, physical or mental impairment, or medical condition.						
CITIZENSHIP		U.S. MILITARY SERVICE		STATEMENT OF HEALTH			
Are you either a United States citizen or an alien who has the legal right to work in the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents, which are specified by the federal government, establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy two (72) hours after commencement of employment. You will also be required to sign Form 1-9 (issued by the federal government) verifying, under oath, your employment authorization.</small>		Have you served in the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list job-related skills or experience:		Can you safely perform the essential functions of the position for which you are applying for? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain: Are you willing to take a physical examination and/or a drug test at our expense upon a conditional offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EDUCATION		NAME/ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
	High School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Undergraduate			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Graduate			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Doctoral			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Business College, Special Courses, Military Training, Post graduate work or Nursing study not included above. Include information on Adult Education Programs. List any current courses you are taking.

Typing WPM _____ Medical Transcription? Yes No Medical Terminology? Yes No Computer skills? Yes No

List any software, office machines, other equipment, etc. that you can use:

REFERENCES	LIST THREE REFERENCES WHO ARE NOT RELATIVES WHO WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION (SUCH AS FACULTY, CO-WORKERS, SUPERVISORS OR FRIENDS).		
	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
		Phone	Address

EXPERIENCE

THIS MUST BE FULLY COMPLETED FOR CONSIDERATION FOR YOUR APPLICATION. GIVE A COMPLETE RECORD OF ALL EMPLOYMENT STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND REASONS FOR PERIODS UNEMPLOYED DURING THE PAST TEN YEARS. PLEASE PROVIDE ALL REQUESTED INFORMATION. (If you do not want us to contact them, you may tell us at the bottom of this page)

LAST EMPLOYMENT FIRST				EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER	LAST SALARY AND POSITION(S) HELD	REASON FOR LEAVING
FROM		TO				
Mo.	Yr.	Mo.	Yr.	Employer	Salary	
				Address	Position	
				City, State, Zip Phone	Supervisor	
				Employer	Salary	
				Address	Position	
				City, State, Zip Phone	Supervisor	
				Employer	Salary	
				Address	Position	
				City, State, Zip Phone	Supervisor	
				Employer	Salary	
				Address	Position	
				City, State, Zip Phone	Supervisor	

Please do not contact the following employer(s):

Reason:

Except as indicated above, I authorize Norton Community Hospital, Inc. to run a detailed employment check, including but not limited to my previous and/or current employers.

Applicant Signature: _____

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

List your professional licenses, registrations and certifications below, such as LPN, RN, CPR, ACLS, etc.

Type, e.g., RN	State Issued	Original Issue Date	Number	Expiration Date

Area of Specialization or Major Interest: _____

Please list any other information you feel pertinent to your application: _____

Person to Notify in Case of Emergency: _____

Address: _____ Phone: _____

Please read before signing. If you have any questions about what you're signing, please ask an HR representative.

I hereby authorize Norton Community Hospital ("NCH") and any of its employees or agents to investigate all statements contained in this application or any resume or other written or oral statement I have provided, and to interview the references and current and/or previous employers listed in this application. I further authorize such references and current and/or previous employers to release any information contained in my personnel file or otherwise known by them to NCH in connection with my application for employment. I specifically release from liability, and hold harmless, any current or former employer, and their agents, representatives, employees, officers or directors with regard to any information they provide to NCH.

I also authorize that a criminal background and/or records check be performed, and release any and all liability any individual or public or private entity involved in conducting such check(s), including, but not limited to, employees, officers, or director of such entity or agency. I authorize the release of records maintained by any agency pertaining to my criminal record, and hereby waive any right which I might have to maintain the confidentiality of same.

I UNDERSTAND THAT IF I AM HIRED, UNLESS OTHERWISE DESIGNATED, MY EMPLOYMENT IS TERMINABLE-AT-WILL, THAT I WILL NOT BE EMPLOYED FOR ANY SPECIFIC TIME, AND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE, A CONTRACT FOR EMPLOYMENT, EXPRESS, IMPLIED, OR OTHERWISE. I further understand that my status as an employee-at-will can only be altered, if I am hired, in writing signed by the President or Chief Executive Officer of NCH. I understand that acceptance of an offer of employment by me does not create a contractual obligation upon NCH to continue to employ me in the future.

I understand that certain jobs at NCH fall within a bargaining unit in which the employees are represented by a union. If hired into such a position, I understand that whether or not I join the union is my choice. Whether I choose to join or not, I understand that some terms and conditions of employment have been negotiated by the parties and are reflected in a collective bargaining agreement and I agree to abide by same.

I understand, in the event of employment, that I am required to follow all rules, policies, procedures and regulations of NCH. I understand and agree that at no time will any information regarding NCH or its residents/customers be revealed to anyone other than those authorized to receive it. I understand that the giving of information concerning residents/customers of NCH to those not authorized to receive such information is unlawful and shall be sufficient cause for my immediate dismissal. I hereby agree to keep any confidential information that I receive confidential, both while employed and afterward.

I understand that any job offer made to me may be contingent upon the successful completion of a physical examination and/or abilities assessment, a drug and/or alcohol test, background checks, and/or the satisfaction of any applicable state or federal employment requirements. I voluntarily agree to submit to a blood and/or urine analysis by a doctor, medical facility, hospital, laboratory, provider of clinical laboratory services, or medical personnel, prior to commencement of employment or at any time subsequent to employment, upon request, for detection of the presence of drugs and/or alcohol in my system. Furthermore, I authorize the release of the results of such test and examinations to NCH or any of its representatives. I understand that a positive test for the presence of drugs (for which I have no prescription) or alcohol in my system on an initial test shall be cause for the revocation of any conditional offer of employment made me, or termination of my employment if already hired. I do hereby release any doctor, medical facility, hospital, laboratory, provider of laboratory services, medical personnel, and NCH (continued)

(continued)

or any of their agents, employees and representatives, from any and all liability arising from the test itself or the release or use of the information derived from or contained in any examination and test results, or test results obtained during my period of employment, if hired. I hereby certify that I am able to provide a urine specimen for testing purposes.

I understand that my failure to obtain a license or certification, if required in my job, for any reason, or my failure to satisfy any standard or pass any test required by such licensing authority, shall be a proper basis for denial of employment to me, for withdrawal of any conditional employment offer made, or for my termination if already employed. Further, any lapse or revocation of such license or certification shall constitute sufficient cause for my dismissal.

If I am hired, I hereby authorize NCH officials to examine my personal effects (such as purse, briefcase, toolbox, etc.), automobile, and other property as well as all property, equipment, and records including offices, desks and computer files, etc. to which I may have access that belong to NCH. I further acknowledge that I have no right to, or expectation of, privacy in the workplace.

I hereby affirm that the information provided orally or on this application, or on any resume or other document, is true, correct, and complete, and understand that such information will be relied upon in considering my application for employment. I understand that any erroneous information or omission made by me orally or on this application, or any resume or other document, or on any other record provided to or maintained by NCH, is justification for not employing me, or for my dismissal at a later date if I am hired.

Applicant Signature

Date

In your own words, describe why you are interested in Norton Community Hospital, Inc. (optional)

Thank you for your interest in Norton Community Hospital, Inc.

Norton Community Hospital
100 15th Street, N.W.
Norton, VA 24273
(276) 679-9600
(276) 679-9664 (fax)
www.nchosp.org

Dickenson Community Hospital
1 Hospital Drive
Clintwood, VA 24228
(276) 926-0300
(276) 926-0329 (fax)
www.dchosp.com

**Community Physicians
Services Corporation**
96 15th Street, N.W.
Norton, VA 24273
(276) 679-8890
(276) 679-9740 (fax)

Community Home Care
Norton Square Shopping Center
1460 Park Avenue
Norton, VA 24273
(276) 679-5915
(276) 679-2936 (fax)

Norton Community Hospital, along with its subsidiary corporations, is committed to all persons being afforded equal access to employment opportunities regardless of race, color, religion, sex, national origin, age, military service, or disability (in the case of qualified individuals with a disability), and will not discriminate on these bases, or any other basis, prohibited by applicable law. In compliance with all such laws, every effort will be made to employ the most qualified individuals without regard to the above factors. The Hospital's policy of nondiscrimination will apply to all facets of employment, including recruitment, application, selection, assignment, training, compensation, benefits, promotion, transfer, layoff, recall, termination, and all other terms and conditions of employment.