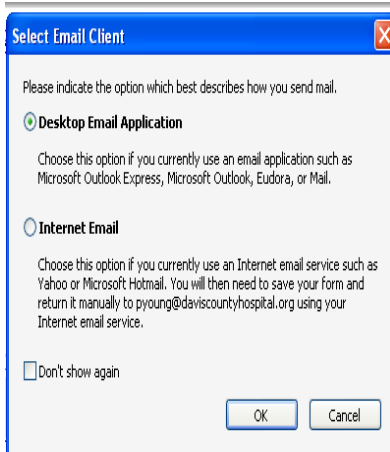


Thank you for your interest in employment with Davis County Hospital. Receiving your application is very important to us. Please follow the instructions below when applying to assure that your application is received by us:

- 1) The **RED** boxes are required fields. This information must be completed before the system will allow you to **submit the application**. You may enter “n/a” if you do not have relevant information.
- 2) Hit the “submit by e-mail” button when you are ready to submit your completed application.
- 3) An e-mail message will pop up.



- 4) Select the appropriate e-mail application and follow the instructions-
  - a. If “internet e-mail” is selected be sure manually enter the SUBJECT line of the e-mail to be “**Application6-18-08**” – no spaces.
- 5) You will receive an e-mail response within a day stating your application has been received.
- 6) If you do not receive an e-mail response, your application was not received. Please try to e-mail the application again or you may submit using one of the following methods:
  - a. Print the application and fax to: 641-664-2421 or
  - b. Print the application and mail to:

Davis County Hospital  
Attention: Human Resources  
509 N. Madison  
Bloomfield, Iowa 52537

- 7) If you mail or fax your application to us, you will receive a post-card in the U.S. mail within a week confirming that your application was received.
- 8) Once received, your application will be reviewed. If you are selected for an interview, Human Resources will contact you to schedule an appointment.

- 9) You may monitor the status of the positions by looking on the job postings in the far right hand column.

**Davis County HOSPITAL**  
In a word... Quality

[HOME](#)

Davis County Hospital, an equal opportunity employer, currently has the following openings as of **10/14/2009**

Day Hours	7 a.m. - 3 p.m.
Evening Hours	3 p.m. - 11 p.m.
Night Hours	11 p.m. - 7 a.m.
12 Hour Shift	7 a.m. - 7 p.m.

Click on the Position Title for a Job Description, to learn more about the job.

<b>BUSINESS OFFICE</b>	Date	Job #	Position	Status	Shift/Hours	Weekends	Wage Range	Position Filled
	8/13/09	4	<a href="#">Insurance Clerk</a>	FT	8:30 a.m. - 5:00 p.m.	Occasional	\$11.90-17.85	x
	9/25/09	12	<a href="#">Admitting Clerk</a>	PT	8:00a-5:00p, 6:00p-9:00p on Sat/Sun. except every 5th weekend which will be 2:00p-9:00p and as needed	Every	\$10.20-15.31	-

<b>DIETARY</b>	Date	Job #	Position	Status	Shift/Hours	Weekends	Wage Range	Position Filled
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- 10) If you have any questions you may contact Cheryl Sargent, Human Resources at 641-664-2145 extension 2204 or you may e-mail Human Resources at [pyoung@daviscountyhospital.org](mailto:pyoung@daviscountyhospital.org)

Thank you for your interest in employment at Davis County Hospital. We appreciate you completing an application.

# Davis County Hospital

## Application for Employment

509 North Madison Street  
 Bloomfield, Iowa 52537  
 (641)664-2421 fax

[www.daviscountyhospital.org](http://www.daviscountyhospital.org)  
 pyoung@daviscountyhospital.org

Please Read Carefully - Write Clearly - Answer All Questions

Federal and state laws prohibit discrimination in employment because of race, color, creed, age, sex, marital status, national origin, sexual orientation, gender identity, physical or mental impairment or medical condition.

(Last Name)	(First Name)	(MI)	Application Date
Current Address (Number & Street)		Home Phone	
City, State & Zip		Message/Cell Phone	
Position Applying For		Experience: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have You Worked For Us Before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state date left.	Will You Accept Part Time Work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have You Worked For Us Under Another Name? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state name.	Will You Accept Temporary Work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Shift/Hours you can work Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Open <input type="checkbox"/>			
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"/>			
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 I-9 (issued by the Federal government) verifying, under oath, your employment authorization.			
Have you served in the U.S. Military? Yes <input type="checkbox"/> No <input type="checkbox"/> Please list job-related skills or experience.			
Are you related by blood, marriage or adoption to any current employee at Davis County Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Please name these relatives:			
Are you willing to take a physical exam and a drug test upon a conditional offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>			
On what date can you be available to start work? ____/____/____			
Do you have a record of founded child or dependent adult abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of a crime in this state or any other state, or is there a charge which is still pending? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes to any, please explain:</b>			
Have you ever been involuntarily discharged from a job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain (give dates)			
<b>Education:</b>			
Last Elementary School (Give Names and Complete Addresses)		Academic Major	Number of Years Attended
Last High School (Give Names and Complete Addresses)			Diploma?
Jr. College/College/University (Give Names and Complete Addresses)			
Technical/Vocational School (Give Names and Complete Addresses)			
Other details of experience or training, including information on adult education Programs which have a direct bearing on the job which you are seeking? School/Course; Diploma/Certificate; Date Completed			

<b>References:</b> Give Names of Persons not related to you who we may contact to verify your qualifications for the position.		
Name	Occupation	Organization
	Phone	Address
Name	Occupation	Organization
	Phone	Address
Name	Occupation	Organization
	Phone	Address

**Dates** **Give a complete record of all employment and reasons for periods unemployed during past fifteen years**  
**Start with most recent employment.**

From	To	Employer's Name, Address, & Phone Number	Last Salary & Position Held	
		Employer	Salary	Position
		Address	Supervisor	
		City, State, Zip		
		Phone:	Reason for Leaving:	
		Employer	Salary	Position
		Address	Supervisor	
		City, State, Zip		
		Phone:	Reason for leaving:	
		Employer	Salary	Position
		Address	Supervisor	
		City, State, Zip		
		Phone:	Reason for leaving:	
		Employer	Salary	Position
		Address	Supervisor	
		City, State, Zip		
		Phone:	Reason for leaving:	
		Employer	Salary	Position
		Address	Supervisor	
		City, State, Zip		
		Phone:	Reason for leaving:	

May we contact your **present** employer(s) for a reference? Yes  No

May we contact your **past** employer(s) for a reference? Yes  No

List machines/equipment you can use.

Professional Licenses, Registrations, and/or Certifications			
Type	State Issued	Date	No.
Type	State Issued	Date	No.
Type	State Issued	Date	No.
Date received RN License:	Date received LPN License:	Area of Specialization or Major Interest:	

**AFFIDAVIT:** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever, I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. I also understand as a conditional offer of employment I MUST UNDERGO A PHYSICAL EXAMINATION AND SUBMIT TO A DRUG TEST. I WAS PERSONALLY INFORMED OF THAT FACT IN MY FIRST INTERVIEW WITH A REPRESENTATIVE OF THE COMPANY. I HEREBY CONSENT TO A DRUG TEST AND RELEASE AND HOLD DAVIS COUNTY HOSPITAL HARMLESS FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION THAT I HAVE OR MAY HAVE IN CONNECTION WITH THE CONDUCT OF THE DRUG TEST, THE ANALYSIS OF THE TEST SAMPLE, AND THE MAINTENANCE OF THE RESULTS OF THE TEST. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer. (Direct deposit is authorized as the required payroll procedure for employee wage payment.)

I understand that any offers of employment are contingent on successful completion of the post-offer exam and background checks.

**Further, I understand that any employment is "at will" and not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER - A COPY OF THIS APPLICATION IS AVAILABLE UPON REQUEST.

**Thank you for completing the above application.**  
**Please complete this brief survey on how you found out about the job opening**

1. How did you learn about the job opening?
  - Career fair event
  - Word of mouth
  - Newspaper advertisement (please specify which newspaper) \_\_\_\_\_
  - Internet (Which site?) \_\_\_\_\_
  - Through contact with a friend/colleague that works a DCH
  - Iowa Workforce
  - Other (please specify) \_\_\_\_\_
  
2. Where do you usually look for job information? (select all that apply)
  - Newspaper/print advertise (please specify which newspaper) \_\_\_\_\_
  - Career fair events
  - Asking friends/colleagues
  - Internet (Which site?) \_\_\_\_\_
  - Iowa Workforce
  - Word of mouth
  - Others (please specify) \_\_\_\_\_
  
3. What factors were most important to you when you decided to apply for this job? (select all that apply)
  - Mission of the Organization
  - Behavior Standards
  - People I would be working with
  - Commute distance/time
  - Work/life balance
  - Benefits
  - Salary
  - Reasonable/regular working hours
  - Other (please specify) \_\_\_\_\_