



VIRGINIA GAY
HOSPITAL, CLINICS & HOME HEALTH

Where People Come First

Thank you for requesting an application for employment at Virginia Gay Hospital, Clinics, and Home Health. Please fill out the application in its entirety and then return it to the reception desk. One of our staff will ensure that this is forwarded to Human Resources for review.

If you are not contacted for an interview at this time, **your** application will be retained for 6 months **and will be reviewed** as additional positions become available within our organization.

Again, thank you for your interest in Virginia Gay Hospital, Clinics, and Home Health.

Sincerely,

Kim Frank
Director of Human Resources

**Virginia Gay
Hospital**

502 North Ninth Avenue
Vinton, Iowa 52349
319-472-6200

**Vinton Family
Medical Clinic**

504 North Ninth Avenue
Vinton, Iowa 52349
319-472-6300

**Van Horne Family
Medical Clinic**

205 Main Street
Van Horne, Iowa 52346
319-228-8000

**Urbana Family
Medical Clinic**

1002 West Main
Urbana, Iowa 52345
319-443-5000

**VGH
Home Health**

309 First Avenue
Vinton, Iowa 52349
319-472-6360

Application for Employment



VIRGINIA GAY
HOSPITAL, CLINICS, HOME HEALTH, NURSING & REHAB
 502 N. 9TH Ave, Vinton, IA 52349
 (319) 472-6200

Date of Application: _____

Position Desired _____ Full Time Part Time

Date available to start work? _____

What shifts are you available to work? Day Evening Night

Can you work rotating shifts? Yes No

Are you willing to work weekends and holidays when necessary? Yes No

IMPORTANT: PLEASE PRINT OR WRITE PLAINLY, THIS WILL BE A PERMANENT RECORD IF YOU ARE EMPLOYED.

 Last Name First Name Middle Name Maiden Name Social Security No.

 Street Address City State Zip Area Code Telephone Number

Were you previously employed by us? _____

If "yes", give position and dates of employment _____

Do you have any relatives working here? _____

If "yes", give name and department _____

RECORD OF EDUCATION

School	Name and Address of Educational Institution	Circle Highest Year Completed	Major	List Diploma or Degree
High School		7 8 9 10 11 12		
College or University		1 2 3 4 5 6		
Technical or Nursing School		1 2 3 4 5		
Other (Specify)				

Are you in school now? Yes No

PROFESSIONAL LICENSE OR REGISTRATION

Type:	State(s) Iowa <input type="checkbox"/> YES <input type="checkbox"/> NO Other:	License or Certificate	Expiration Date
Type:	State(s) Iowa <input type="checkbox"/> YES <input type="checkbox"/> NO Other:	License or Certificate	Expiration Date

PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG OR HOLD OFFICE

SPECIAL SKILLS AND QUALIFICATIONS FOR POSITIONS APPLICANT IS APPLYING FOR

EMPLOYMENT RECORD

LIST ALL EMPLOYMENT FOR PAST 10 YEARS, INCLUDING SELF EMPLOYMENT **EMPLOYMENT DATES**

Employer (Present or most recent)	Address (Street, City, State, Zip)	From (mo/yr)	To (mo/yr)	Base Wages/Salary \$ per
Job Title	Supervisor's Name	Reason for Leaving		
Describe Major Job Duties				
If presently employed may we contact your employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact you at your place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter your:		Area Code Telephone Extension
Employer	Address (Street, City, State, Zip)	From (mo/yr)	To (mo/yr)	Base Wages/Salary \$ per
Job Title	Supervisor's Name	Reason for Leaving		
Describe Major Job Duties				
Employer	Address (Street, City, State, Zip)	From (mo/yr)	To (mo/yr)	Base Wages/Salary \$ per
Job Title	Supervisor's Name	Reason for Leaving		
Describe Major Job Duties				
Employer	Address (Street, City, State, Zip)	From (mo/yr)	To (mo/yr)	Base Wages/Salary \$ per
Job Title	Supervisor's Name	Reason for Leaving		
Describe Major Job Duties				

PERSONAL REFERENCE

Name	Address (Street, City, State Zip)
Name	Address (Street, City, State Zip)

Military Service	Rank	Dates of Service	Specialty (Training Received)
Service Branch		From To	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are not a citizen of the U.S. please enter type of Visa held and Alien Registration No.	Type of Visa	Alien Registration No.

Have you ever been convicted in a criminal court case (except of minor traffic violations) Yes No If "yes", give details as to Where, When and on What Charge _____

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 "yes", give details as to Where, When and on What Charge _____

This institution does not discriminate in hiring or in any other decision on the basis of race, color, sex, citizenship, marital status, religious creed, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be use for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and such future examinations as may be required of this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physician examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may terminated for any misstatement or omission of fact appearing on this application form.

If employed I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility of employment.

Signature of Applicant _____

APPLICANT'S STATEMENT

Important: Read carefully and initial each paragraph before signing.

By my signature and initials placed below, I certify that the information provided in this employment application (and accompanying resume, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify the hospital if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

_____ Initials

I give permission for a complete post-offer assessment and physical examination, and I consent to the release to the hospital of any and all medical information as may be deemed necessary by the hospital in judging my capability to do the work for which I am applying. I further understand that if medical conditions are diagnosed through the post-offer assessment or physical exam that would make it impossible for me to perform the duties as listed on the job description, the job offer may be withdrawn.

_____ Initials

I authorize the investigation of all statements contained in this application. I also authorize the hospital to contact my present employer, past employers, and listed references.

_____ Initials

I authorize any person, school, current employer, and organizations names in this application form to provide the hospital with relevant information and opinion that may be useful to the hospital in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements.

_____ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME.

_____ Initials

I understand also that I am required to abide by all rules and regulations of the employer.

_____ Initials

If I drive for Virginia Gay Hospital I am required to have the appropriate current and unrestricted license. I may be required to furnish proof of my driving record as part of my application and may be required to release my driving record annually thereafter.

_____ Initials

Date : _____ Signed: _____

THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS.

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

ACCOUNT NUMBER _____

TO: Iowa Division of Criminal
Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)

FROM: _____

Phone # _____
Fax # _____

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

<p>Last Name (mandatory)</p>	<p>First Name (mandatory)</p>	<p>Middle Name (recommended)</p>
<p>____/____/____ Date of Birth (mandatory)</p>	<p>Sex (mandatory)</p>	<p>____-____-____ Social Security Number (recommended)</p>
<p>_____ Signature of Requester</p>		

There is a separate Form "A" required for each last name submitted

(DCI Use Only)

RESULTS

As of _____, a Name and date of birth check revealed:

CCH record attached No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

<p>_____ Signature</p>	<p>_____ Date</p>
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