MercyOne Elkader Medical Center has an equal employment opportunity policy. MercyOne Elkader Medical Center and all employees will not discriminate against any employee or applicant for employment on the basis of race, creed, color, religion, sex, sexual orientation, gender identity (including gender expression), national origin, age, disability, veteran status, genetic information or any other protected group under applicable state, federal or local law.
Name_______________________________________________________ Phone ( ______    )_____________________
First Middle Last Area Number
Present Address___________________________________________________________________________________
Street City State Zip

List any other name(s) by which you have been known by previous employer(s) or educational institution(s) for the purposes of any license or certification:
_________________________________________________________________________________________________

Are you 18 or over?  Yes___  No___

For applicants applying for a position which involves driving:  Do you have a valid driver’s license?  Yes___ No___
License Number: ______________________________ In what state: __________________
Do you have proof of auto insurance coverage?  Yes___ No___

Have you ever been excluded from providing patient care to those receiving Medicare or other federally funded health care programs?  Yes___ No___  If yes, please explain _______________________________________________________

Do you have a record of founded child or dependent adult abuse? Yes___ No___
If yes, please explain _______________________________________________________________________________

Have you ever been convicted of a crime, with the exception of traffic violations, in this state or any other state? Yes___ No___  If yes, please explain ______________________________________________________________

JOB INTERESTS

Position desired ______________________________________ Date available _______________________
Alternate choice ____________________________________ Full-time ___ Part-time ___ PRN___ Temp____
If part-time, how many hours per week? ________ Summer ________________________
Please circle the days you are willing to work: S M T W T F S
What shifts can you work?   Days _____   Evenings _____   Nights _____   Holidays _____
What is your expected starting salary?      $_________________
Have you ever been employed by this organization before? Yes___ No___  if yes, when? __________________
List the name and relationship of any relative currently employed by this organization __________________________
How did you hear about the position?   Website____    Newspaper____ Facebook____    Radio____    Job Fair____
Employee Referral_______________________________ Walk-in____    Other _____________________
(Please List Employee)

Can you, if hired, submit verification of your legal right to work in the U.S.?  Yes_____   No____

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986.
**EDUCATIONAL RECORD**

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<th>Name and Address Of School</th>
<th>Course of Study</th>
<th>(Optional) Years Attended From To</th>
<th>Circle Last Year Completed</th>
<th>Did You Graduate?</th>
<th>Degree/Diploma</th>
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List Post High School (i.e. College, School of Nursing, Vocational, Technical School, Graduate level)

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High School

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Academic honors or special recognition ______________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Have you ever served as a volunteer? Yes___ No___

If yes, please explain where and when you volunteered, what skills you used and what jobs you performed.
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

**EMPLOYMENT HISTORY**

Are you currently employed? Yes___ No___

Current or most recent employment

Employer ___________________________________________ Phone (______ ) ____________________________

Name ___________________________________________ Area Number

Address ___________________________________________ Street City State Zip

Position Held ________________________________ Employment Period: From ____________ to ______________

Month Year Month Year

Last Supervisor ________________________________

Duties performed __________________________________________________________________________________________
________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________

Reason for Leaving __________________________________________ May we contact this employer? Yes____ No____
EMPLOYMENT HISTORY

Previous Employers - list most recent

Employer_______________________________________________________  Phone ( ______ )__________________
Name                                                    Area            Number
Address_________________________________________________________________________________________
Street    City    State  Zip
Position Held_______________________________      Employment Period: From _______ ______ to _______ ______
Month          Year            Month          Year
Last Supervisor_______________________________________
Duties performed_________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Reason for Leaving____________________________________   May we contact this employer?  Yes____      No____

Employer_______________________________________________________  Phone ( ______ )__________________
Name                                                    Area            Number
Address_________________________________________________________________________________________
Street    City    State  Zip
Position Held_______________________________      Employment Period: From _______ ______ to _______ ______
Month          Year            Month          Year
Last Supervisor_______________________________________
Duties performed_________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Reason for Leaving____________________________________   May we contact this employer?  Yes____      No____

Employer_______________________________________________________  Phone ( ______ )__________________
Name                                                    Area            Number
Address_________________________________________________________________________________________
Street    City    State  Zip
Position Held_______________________________      Employment Period: From _______ ______ to _______ ______
Month          Year            Month          Year
Last Supervisor_______________________________________
Duties performed_________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
Reason for Leaving____________________________________   May we contact this employer?  Yes____      No____
ADDITIONAL INFORMATION

If applicable, list all professional licensure information:

Profession_________________________  State Issued___________  Number_________  Expiration Date___________

Profession_________________________  State Issued___________  Number_________  Expiration Date___________

If applicable, list all professional registration/certification information:

Organization/Profession________________State Issued___________  Number_________  Expiration Date___________

Organization/Profession________________State Issued___________  Number_________  Expiration Date___________

If applicable, list any other professional credentials that you feel would relate to the position(s) for which you are applying:
(i.e. ACLS, BCLS, CPR)

__________________________________________________________________________________________________

Please list any technical skills or knowledge you possess which are related to the position(s) for which you are applying:
(i.e., equipment, software, medical terminology)

__________________________________________________________________________________________________

Please state any additional information you believe would be important in considering your application.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

PROFESSIONAL REFERENCES

Give Name(s) of person(s) we may contact to verify your qualifications for the position

Name_________________________________Occupation__________________Organization_____________________

Relationship___________________ Phone ( _____ )________________ Address_______________________________

Area                  Number                                                         City/State

Name_________________________________Occupation__________________Organization_____________________

Relationship___________________ Phone ( _____ )________________ Address_______________________________

Area                  Number                                                         City/State

Name_________________________________Occupation__________________Organization_____________________

Relationship___________________ Phone ( _____ )________________ Address_______________________________

Area                  Number                                                         City/State
PLEASE READ AND SIGN

To the best of my knowledge, all of the information I have submitted on this application is true and complete. I understand that any omission or falsification of information will be sufficient cause for disqualification from further consideration for employment or for dismissal.

I voluntarily give this organization the right to make a thorough investigation of my personal or past employment history and education, agree to cooperate in such investigation, and authorize any former employer, person, firm, or corporation to give this organization any information they may have regarding me. In consideration of this organization’s review of this application, I release this organization and all providers of information from any liability as a result of furnishing and receiving this information. I understand that any offers of employment are contingent on successful completion of the pre-employment drug screen and background checks. I understand that background checks will include SING, all state and federal programs/lists relating to debarred providers and if this position requires driving as part of my responsibilities, I understand that my driving record will be checked. I agree to sign all necessary consents and understand that such records will be periodically checked during any term of employment.

I understand employment at this organization is “at will” which means employment may be terminated by the employee or by this organization at any time, with or without cause. I further understand employee benefits, terms and conditions of employment and the policies, procedures and work rules of the organization may be determined, changed and modified from time to time by this organization without limitation or agreement. I also understand any employment handbooks or manuals that may be distributed to me by this organization shall not be construed as a contract.

Applicant’s Signature_____________________________________________________________  Date_____________

ABOUT MERCYONE ELKADER MEDICAL CENTER

MercyOne Elkader Medical Center strives and is committed to providing the highest quality healthcare in a multitude of settings. We focus on staying current with the constant achievements and evolving technologies in the services we provide.

MercyOne Elkader Medical Center works collaboratively with its community, patient population and providers to achieve excellence in health care, respect for life, and respect for each other.

Our hospital is a 25-bed Critical Access Hospital with constant attention to improving quality of care. Our patients receive personalized care close to home. Our staff is connected to the patients and the community through the variety of services offered locally.

Being a part of the MercyOne Elkader Medical Center team means providing personalized patient care by being committed to excellence in what we do for our patients, their families, visitors, and one another. At MercyOne Elkader Medical Center, you'll find an atmosphere of teamwork, professionalism, and mutual respect.