



COMMUNITYSM

Health Partners

Community - Regional Medical Center - Human Resources Department - 3700 Kolbe Road – Lorain, OH 44053
 Allen Community Hospital – Human Resources Department – 200 West Lorain St – Oberlin, OH 44074
 www.community-health-partners.com

APPLICATION FOR EMPLOYMENT

Mission: *Community Health Partners extends the healing ministry of Jesus by improving the health of our communities with emphasis on people who are poor and underserved.*

Vision: *Community Health Partners is a faith-based, financially stable, preferred provider of healthcare for the body, mind and spirit of all persons in our service area through strong, innovative partnerships which meet the needs and wants of our community.*

Values: ***Compassion**--Our commitment to serve with mercy and tenderness. **Excellence**--Our commitment to be the best in the quality of our services and the stewardship of our resources. **Human Dignity**--Our commitment to be respectful of all persons. **Justice**--Our commitment to act with integrity, honesty, and truthfulness. **Sacredness of Life**--Our commitment to reverence all life. **Service**--Our commitment to respond to those in need.*

Please: Read Carefully – Print in Blue or Black Ink – Answer All Questions – Sign and Date Application

Applications are kept on file for one year

Equal Opportunity Employer:

It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, citizenship, application for worker's compensation, or disability, except where a reasonable, bona fide occupational qualification exists.

Last Name		First Name		Middle Name	Application Date	
Current Address (Number and Street)				Home Phone () ()	Number for message () ()	
City, State, Zip				Social Security Number		
For verification, list previous last name(s) if different from above.			Have you lived in the state of Ohio for the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list previous states.			
Position for which you are applying:			Second Preference:			
Location applying for:			Community - Regional Medical Center <input type="checkbox"/> or Allen Community Hospital <input type="checkbox"/>			

Check Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN # of Hours _____ Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Weekends <input type="checkbox"/> Other	
How did you learn of this vacancy? <input type="checkbox"/> JOB FAIR/CONVENTION <input type="checkbox"/> ADVERTISEMENT, WHERE _____ <input type="checkbox"/> INTERNET SITE _____	
Have you ever worked for a CHP facility? <input type="checkbox"/> Yes, if so please mark where <input type="checkbox"/> No <input type="checkbox"/> Regional Medical Center <input type="checkbox"/> Allen Community Hospital <input type="checkbox"/> Lorain Specialty Hospital <input type="checkbox"/> Physician Practices <input type="checkbox"/> Other _____	
If referred by other employee, please give name and title:	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of US Citizenship or immigration status will be required upon employment.)	
Have you ever had a conviction of, plea of no contest to, plea of guilty to, or acceptance of any pre-trial diversion in lieu of any morals charge, felony or misdemeanor. <input type="checkbox"/> Yes <input type="checkbox"/> No . Have you ever had a conviction of, plea of no contest to, plea of guilty to, or acceptance of criminal conviction relating to participation in Federal /State funded healthcare programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state where and disposition. Have you ever been disbarred, excluded or otherwise declared ineligible for participation in federal or state health programs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you safely perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	

Employment History

List employment beginning with most recent.

A résumé may be attached, but the ENTIRE APPLICATION must be completed.

Employer _____	Position Held _____
Street Address/City/State/Zip _____	Phone (____) _____
Supervisor (Name and Title) _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major Responsibilities _____	

Employment Dates: From ____ / ____ / ____	To ____ / ____ / ____
Salary/Hourly Wage: Starting: _____	Ending: _____
Reason for Leaving _____	

Employer _____	Position Held _____
Street Address/City/State/Zip _____	Phone (____) _____
Supervisor (Name and Title) _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major Responsibilities _____	

Employment Dates: From ____ / ____ / ____	To ____ / ____ / ____
Salary/Hourly Wage: Starting: _____	Ending: _____
Reason for Leaving _____	

Employer _____	Position Held _____
Street Address/City/State/Zip _____	Phone (____) _____
Supervisor (Name and Title) _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major Responsibilities _____	

Employment Dates: From ____ / ____ / ____	To ____ / ____ / ____
Salary/Hourly Wage: Starting: _____	Ending: _____
Reason for Leaving _____	

Employer _____ Position Held _____

Street Address/City/State/Zip _____ Phone (____) _____

Supervisor (Name and Title) _____ May we contact? Yes No

Major Responsibilities _____

Employment Dates: From ____ / ____ / ____ To ____ / ____ / ____

Salary/Hourly Wage: Starting: _____ Ending: _____

Reason for Leaving _____

Please account for any gaps in your employment: _____

Education					
Type of School	Name and Address of School	Academic Major	Number of Years Attended	Graduated Yes or No	Degree/Certificate
High School					
College or University					
Graduate School					
Technical or Vocational School					

PROFESSIONAL REFERENCES		
List name(s) of persons we may contact to verify your qualifications for the position excluding former employers and relatives.		
Name	Occupation/Title	Organization
Years Acquainted With	Address	Phone Number
Name	Occupation/Title	Organization
Years Acquainted With	Address	Phone Number
Name	Occupation/Title	Organization
Years Acquainted With	Address	Phone Number

Describe the computer system and programs, i.e., Microsoft Office, in which you are experienced: _____

Do you have any other experiences, skills, or abilities that you feel especially qualify you for work with our company? _____

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

Type	State Issued	Number	Expiration Date	Verification
Type	State Issued	Number	Expiration Date	Verification
Type	State Issued	Number	Expiration Date	Verification

Has your license ever been terminated, revoked, suspended, reduced, not renewed or subject to any investigation including, the Office of Inspector General (OIG) or disciplinary action. Yes No

PRE-EMPLOYMENT STATEMENT

Please read the following statement carefully and sign below.

In consideration of the acceptance of my application by Community Health Partners (CHP), I understand, agree and/or certify to the following:

1. I certify that all information I have provided on this application, and on any other documents submitted with it, is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation, or omission of any information on my application, résumé, or any other materials, or which I supply during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, regardless of when the falsification, misrepresentation or omission is discovered by CHP.
2. Any offer of employment I may receive from CHP is contingent upon my successful completion of the company's total pre-employment screening process. This process may include, but not be limited to, the following:
 - a. Receipt by the company of references that it considers satisfactory;
 - b. My satisfactory completion of any post-offer pre-employment medical examination that the company may require;
 - c. Criminal background check;
 - d. Verification that licensure/credentials for job requirements is current and in good standing and not under investigation by any local, state, or federal authority.
 - e. Passing a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to a medical examination or an alcohol and/or drug screening at any time at the discretion of CHP. I hereby consent to having the results of any such post-offer pre-employment or post-employment medical exam or alcohol and/or drug screening disclosed to CHP.
3. I hereby grant CHP permission to contact all of my present and former employers and those individuals I have listed as personal references (unless specifically excluded in writing). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I authorize CHP, or its agent, to obtain transcripts from all educational institutions I have attended and to conduct whatever additional investigation (e.g., educational verification, criminal check and motor vehicle record) which may be needed to obtain or verify information regarding my application, résumé, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release all parties from any and all liability for damages arising from furnishing the requested information.
4. I understand that my application will remain active for one (1) year, and that to be considered for a job with CHP after that, I must reapply.

Signature

Date

For more information about Community Health Partners and/or Catholic Healthcare Partners, please access the following websites:
www.community-health-partners.com and/or www.health-partners.org



I CARE BEHAVIORS

We at Community Health Partners commit to demonstrate the ICARE customer service standards of behavior in all our interactions – with associates, physicians, volunteers, patients, and their families as well as community members.

Informative

Examples: Keep people informed (on the procedure, length of the procedure); Communicate with patients, families and co-workers; Provide clear feedback and information; Explain what you're doing and what people can expect in terms that they can understand; Follow-up on problems and information received when researching problems

Courteous

Examples: Extend a warm welcome; Make eye contact and say hello - Be proactive in extending a welcome; Use good manners; Keep it quiet - Be Sensitive to surroundings; Maintain confidentiality and privacy; Help each other; Communicate respect and human dignity to each person; Apply appropriate telephone skills, speak clearly, be pleasant, say what department you are from. Smile! Serve others as a privilege – we're extending the healing ministry of Jesus.

Attentive

Examples: Take time to listen. Ask clarifying questions, if appropriate. Listen without judgment. Take initiative in solving problems. Act appropriately.

Responsible

Examples: Assume ownership; Look the part. Dress professionally; Communicate a positive attitude or image; Stay informed and involved; Be accountable: Do what you say you're going to do.

Exceed Expectations

Examples: Anticipate needs; Take pride and demonstrate it; Go above and beyond; Commit to quality and safety; Know your customer; Find out and understand what your customer's expectations are. Make sure you know what they want.

Adopt the I CARE Customer Service Standards of Behaviors. These behaviors are tangible things you can do to demonstrate our Core Values.

When you demonstrate our Core Values, you are living out our Mission

When we demonstrate the I CARE behaviors: Informative, Courteous, Attentive, Responsible and Exceed Expectations we demonstrate the Core Values, I agree to adopt the I CARE Customer Service Standards,

Signature: _____ Date: _____



INQUIRY RELEASE

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

Print Full Name:

Social Security Number _____ / _____ / _____ Month and Date of Birth*
/ _____ Month Date

Current Address -

City/State/Zip

Driver's License No. _____ State

Applicant's Signature _____ Date

Prospective Employer COMMUNITY HEALTH PARTNERS

***Month and date of birth is being requested in order to obtain accurate retrieval of records.**