

NAME / Last, First, Middle \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_



# *Employment Application*

An Equal Opportunity Employer. We comply with all applicable local, state and federal civil rights and equal employment laws and regulations.



Briefly describe duties and skills acquired through military or volunteer service: (include dates)

**PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER.**

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

	FROM: (MO/YR)	TO: (MO/YR)	SUPERVISOR'S NAME:	SALARY: (Hr/ Mo/Yr)
JOB TITLE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME: _____	PHONE: _____			
ADDRESS: _____				
DUTIES: _____				
REASON FOR LEAVING: _____				

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS:

PREVIOUS EXPERIENCE

LANGUAGE

**LANGUAGE SKILLS - DO NOT COMPLETE UNLESS REQUESTED**

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

REFERENCES

**LIST AT LEAST THREE (3) REFERENCES WHO ARE NOT RELATIVES:**

NAME AND RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

SIGNATURE

**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY

**TO BE COMPLETED AFTER EMPLOYED**

HIRED? YES  NO  SEE COMMENTS BELOW

REFERENCES CHECKED AND BY WHOM: REFERENCE #1 DATE REFERENCE #2 DATE REFERENCE #3 DATE

PERSONNEL NOTES (these notes are open to inspection -- keep information factual) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF APPLICANT IS 18 YRS. OLD OR LESS, IS PROOF OF AGE ON FILE? YES  NO

INTERVIEWER'S SIGNATURE

STARTING DATE  EXEMPT  NON-EXEMPT

COMPLETION OF EVALUATION PERIOD DATE APPROVED BY

DEPARTMENT COST CENTER

SIGNATURE

POSITION/JOB SITE

FULL TIME  ON CALL STATUS  
 PART TIME  ROTATION

STARTING SALARY/GRADE DIFFERENTIAL SHIFT EMPLOYEE NUMBER

NOTIFY IN CASE OF EMERGENCY NAME RELATIONSHIP ADDRESS TELEPHONE

*Dear Applicant,*

*Thank you for your interest in joining our hospital team!*

*We have a strong mission of providing excellence in health care and promoting lifelong wellness in the communities we serve. As hospital staff, we have a wonderful opportunity to practice excellence in customer service. We take pride in meeting and surpassing the expectations of patients, families, physicians, and each other every day. This means we support and treat each other with a high level of respect, dignity, and service.*

*With this in mind, our staff have developed standards of behavior to guide us in achieving and maintaining service excellence. Our goal is to choose staff that will be able to follow and exemplify these standards.*

*Enclosed is your copy of the standards of behavior. Following the standards of behavior is a condition of employment at Hillsboro Area Hospital. In order for the employment process to continue, please review, sign, and include the signed form with your application.*

*Sincerely,*

*Sharon Clark  
Director of Human Resources*

# Hillsboro Area Hospital

## Service Excellence - Standards of Behavior

### **Customer**

**C**onduct yourself in a professional manner. You represent the hospital while at work and in the community. Caring and courtesy is contagious. Rudeness is never acceptable. Never eat or drink in front of customers. Cell phones will be used only at break times and out of public view.

**U**nderstand who the customer is and what their needs are. The customer is our primary focus. Listen first. Be sure you understand the customer's words, intent, and feelings.

**S**ervice Recovery, Anticipate, Acknowledge, Apologize, Amend. Practice HEAT method; Hear them out, Empathize, Apologize, Take Action

**T**hink safety first. A safe and clean environment is the responsibility of all HAH staff. Report all safety hazards, accidents/incidents immediately. Wear identification. Use proper body mechanics and lifting techniques.

**O**ur coworkers are our teammates. Treat coworkers as professionals and with respect. Praise each other in public. Coach each other in private. Stay within HAH guidelines for break times. Support organizational decisions 100% in communication and actions.

**M**anage up your coworkers and customers. Always speak positively by introducing other staff or departments by name and in a positive manner. Treat others, as you would want to be treated.

**E**very patient, family member and visitor are special. Greet customers as if they were a special visitor in your home. Thank each and every customer for choosing Hillsboro Area Hospital. Adjust posture to maintain eye level contact.

**R**espect your surroundings by keeping it clean and neat. Treat HAH property with care. Dispose of litter and clean up spills/post wet floor signs immediately and properly. Return equipment to the appropriate place.

### **Service**

**S**mile! A smile is the greatest predictor of one's attitude. Make it a part of your uniform. Your smile promotes an atmosphere of welcome and courtesy. Introduce yourself. Let people know your and your co-workers qualifications and experience to decrease anxiety. Ask their name. Get in the habit of saying "Hello" to everyone (patients, visitors, and co-workers) you see.

**E**veryone should be treated as if he or she is the most important person in our organization. Welcome new members of the healthcare team. Make them feel part of our family; be a positive role model.

**R**emember cooperation is expected. Always utilize the C.A.R.E. principles — Courtesy, Attitude, Respect and Enthusiasm. Be flexible and show a willingness to pitch in and do what needs to be done.

**V**erify your patient's identification each and every time using the two identifiers; name and date of birth. Utilize the Patient Safety Goals as appropriate

**I**dentify your department, state your name and ask, "How may I help you?" when answering the phone within 5 rings and with a smile. Ask if you can place a person on hold before doing so. All voice mails and emails will be responded to within 1 business day with at least a time estimate for a complete response, if unable to do at that time.

**C**all light responsiveness - All staff (clinical and non-clinical) will attempt to answer call lights within 3 minutes. Answer call lights in a way that demonstrates the care, courtesy and respect our customers deserve.

**E**mpower every employee. Obtain education. Adhere to JCAHO standards. Meeting our customer's needs is everyone's responsibility. Never say, "It's not my job."

## **Excellence**

**E**xceed the customers expectations. We will go above and beyond our traditional duties. Remember the “little things” — provide extra comfort, safety and reassurance

**C**ontrol infections. Use proper hand washing technique. Use personal protective equipment following standard and isolation precautions as applicable at all times.

**E**scort them to their destination. If you are unable to personally escort a customer, introduce them to someone who can.

**L**ook and dress professionally, wearing clothing that is neat, clean, and that adheres to dress code policy.

**L**earn and follow your department and hospital policies, procedures, and objective, along with quality assurance programs, safety, environmental and infection control standards. Be a good steward and don't wasted supplies, charge accurately, come to work on time, follow break and absentee policies.

**E**xplain to the patient what you are doing and why. Use language and terminology that is easily understood when giving patients information. Ask permission to do your care or activity with the patient/resident. Keep them informed of wait times, at least every 30 minutes. Offer alternative care or activity for greater than an hour wait. Use AIDET (Acknowledge the patient, Introduce self, give Duration expectations, Explain the procedure/care and how the patient will get the results, Thank the patient/family for choosing HAH for their healthcare needs.

**N**ever say “I don't know” say “I will find out”.

**C**onfidentiality- privacy, modesty, and dignity. Assure that written and verbal communications are accessible only to those who are privileged to and who have a right to know this information. Follow HIPAA. Knock on the patient/resident's door and ask permission to enter.

**E**xit with “Is there anything else I can do for you? I have time.”

I have read and understand the Standards of Behavior and I agree to follow the standards as outlined above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_