



Willow Crest Hospital
MOCCASIN BEND RANCH

HR USE ONLY

Date of Application: _____

Interview? Yes No

Offer Job? Yes No Maybe

Date Postcard Sent: _____

Start Date: _____

Interviewer: _____

NOTICE TO APPLICANTS

Thank you for your interest in employment with Willow Crest Hospital/Moccasin Bend Ranch. The purpose of this notice is to advise you that we reserve the right to research criminal records and motor vehicle records of all applicants. In addition, we reserve the right to reject an applicant based on information obtained from such research.

Please be advised that you will be asked to provide information relating to the research and to sign an authorization permitting us access to your records. In the event that you wish not to provide requested information, your name may be withdrawn from further consideration for employment with our organization.

Thank you in advance for your cooperation.

REQUIREMENTS FOR EMPLOYMENT

1. Criminal Background Check to include fingerprinting (facilitated by HR)
2. High School Diploma or GED
3. Three (3) Letters of Reference
4. Cardiopulmonary Resuscitation (CPR)
5. American Heart Association First Aid Training
6. Professional Assault Crisis Training (ProAct)
7. Current Driver's License and Social Security Card
8. TB Skin Test and Drug Screen (provided by the company)
9. Proof of Vaccinations for MMR & Varicella.

These requirements must be met before you are allowed to work with patients.

CONFIDENTIALITY AGREEMENT

I, the undersigned, understand and agree that in the course of my application for employment and/or employment at Willow Crest Hospital/Moccasin Bend Ranch, any medical or personal information learned by me about any person who is a patient at Willow Crest Hospital/Moccasin Bend Ranch, or a family member of a patient is privileged information and subject to all state and federal laws which protect the rights of patients.

I understand that the information learned by me about any patient including the fact that a patient is admitted at Willow Crest Hospital/Moccasin Bend Ranch will not be discussed with anyone except authorized personnel of Willow Crest Hospital/Moccasin Bend Ranch, unless otherwise authorized by policy or state and federal laws.

I understand that all patient information and patient documents are the property of Willow Crest Hospital/Moccasin Bend Ranch, and that the Health Information Management Department is the legal custodian of this information. Therefore, only the Health Information Management Department may disclose copies of written patient information or release patient information via the telephone.

I also understand that written patient information may never be removed from the facility's premises and that all applicants for employment and employees have a moral and legal obligation to protect the confidentiality of Willow Crest Hospital/Moccasin Bend Ranch patients.

The privacy of our patients and their rights to be treated with total confidentiality is protected by law. The disclosure of ANY information pertaining to the patient and/or his or her treatment may be direct violation of federal and state law. I understand that breach of a patient's confidentiality may result in legal action, that I will be subject to state and/or federal regulations and laws which include fines and/or imprisonment, and/or report of breach of confidentiality to professional licensing boards. Any breach of confidentiality is grounds for withdrawal of an offer of employment or termination from employment.

I have read and understand this agreement, and agree to abide by all the above-mentioned.

Applicant or Employee Signature

Date

Applicant or Employee Name (please print)

Witness Signature



Willow Crest Hospital

MOCCASIN BEND RANCH

Employment Application

NOTICE: The information given on this form is for company use only. Willow Crest Hospital/Moccasin Bend Ranch (WCH/MBR) is an equal opportunity employer and does not discriminate in recruiting, hiring or conditions of employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law. This application will be active for 60 days. After that period, if you still wish to be considered for a position, please contact our Human Resource Department to update your application.

Name: _____
 First Middle Last

Contact Phone Number: () _____

Street Address: _____

Social Security No.: _____

City, State, Zip: _____

Date: _____

Position Applied For: _____ Have you ever filed an application with WCH/MBR? Yes No

Type of work wanted: Full Time Part Time Weekdays Weekends Date Available: _____

Which shifts would you be available to work? 7 am-3 pm 3 pm-11 pm 11 pm-7 am

Can you perform the essential functions of the job you are applying for with or without a reasonable accommodation? Yes No

Are you over 21 years of age? Yes No Legal right to work in U.S.? Yes No

Have you ever worked under a different name? Yes No If yes, please list: _____

A "yes" answer to the following question will not automatically disqualify you, but may necessitate further review and inquiry.

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? Yes No

If yes, explain and list date(s) of convictions: _____

Education

School Name and Location	Major/Subjects Studied	Diploma/Degree	GPA	Academic Achievements and Activities
High School				
Trade or Business School				
College				
Graduate Work				

Employment Record

Starting with PRESENT or most RECENT job, list all employers for the past five years. Include self-employment, military service, summer, and part-time jobs.

Present/Previous Employer	Dates (mo/yr) & Salary	Position & Duties
Company Name	Start date:	Name & Title of Supervisor
	Leave date:	
Street Address	Salary: \$ _____	May we contact this employer?
City, State, Zip	Telephone Number () _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

Present/Previous Employer	Dates (mo/yr) & Salary	Position & Duties
Company Name	Start date: Leave date:	
Street Address	Salary: \$ _____	Name & Title of Supervisor
City, State, Zip	Telephone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

Company Name	Start date: Leave date:	
Street Address	Salary: \$ _____	Name & Title of Supervisor
City, State, Zip	Telephone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

If you need more space, continue on a separate piece of paper.

If presently employed, why do you wish to change employment? _____

Additional Qualifications

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepares you for the position for which you have applied?

References

(Please give the names of three persons you are not related to, whom you have known at least one year and are not previous employers.)

Name	Address/City/State/Zip	Telephone Number

Please Read Before Signing

<p>I certify that the information provided on this application for employment is true and complete to the best of my knowledge and I understand that false information or significant omission of facts may disqualify me from further consideration for employment and may be considered as justification for termination if discovered at a later date.</p> <p>I give my permission to Willow Crest Hospital/Moccasin Bend Ranch (WCH/MBR) or its agent, to verify, at any time, information pertaining to my application for employment and authorize persons, schools, current and previous employers and organizations named in this application to provide information which may be requested. I understand that inquiries may also be made concerning my civil or criminal record and motor vehicle driving records. I expressly release WCH/MBR from any and all liability arising from the information provided by others about my employment history and civil or criminal record. I also understand that the use of illegal drugs and alcohol on the job are prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs after a conditional offer of employment is made and drug and/or alcohol testing during employment.</p> <p>I agree and understand that if I am offered employment with WCH/MBR; my employment may be terminated with or without cause or notice at any time at the option of either WCH/MBR or me. I understand that no employee of WCH/MBR other than the Hospital Administrator has the authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. I also understand that any agreement by the Hospital Administrator for employment for a specific period of time must be made in writing signed by the Hospital Administrator and me.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>