

**HR Use Only**

Position(s) applied for:

\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT APPLICATION



**First**

**To all job applicants:**

The mission of the Health & Hospital Corporation is to promote and protect the health of everyone in the community and to provide health care to those who are underserved. We believe that an employee must support our core values Community, Leadership, Excellence, Accountability, Respect (CLEAR). If you will support these values, we encourage you to sign below and apply for a position with us. If you cannot support these values, we ask that you do not seek a position with the Health & Hospital Corporation. Thank you.

**Last**

**The Health and Hospital Corporation Core Values**

The Health and Hospital Corporation is CLEAR about its commitment to the people of Marion County.

**Community: We accept and embrace the responsibility to promote and protect the health of everyone in the community and provide health care to those who are underserved.**

**Leadership: We accept and embrace the responsibility to lead the community in health care services, behaviors and attitude. We will lead through example.**

**Excellence: We accept and embrace the commitment to excellence in our service delivery, employee performance, facility cleanliness and overall safety.**

**Accountability: We accept and embrace the expectation to be accountable for our actions. Every employee will strive to “exceed the expectations” of their job to protect and promote the health of everyone in the community.**

**Respect: We accept and embrace the commitment to treat every employee, patient, customer and visitor with dignity and respect at all times.**

**Applicant Name:**

**Month**

(Please print)

Please sign if you will support our CLEAR values.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Employment

The Health and Hospital Corporation of Marion County, Indiana

PERSONAL

Name: \_\_\_\_\_  
last
first
middle

Permanent Address: \_\_\_\_\_  
address
city
state
zip code
area code and phone number

Campus Address: (if applicable) \_\_\_\_\_  
address
city
state
zip code
area code and phone number

U.S. citizen?  No  If no, type of Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are there any restrictions regarding your work authorization? If so, please indicate: \_\_\_\_\_

Are you at least eighteen (18) years of age? \_\_\_\_\_

Position(s) desired: \_\_\_\_\_

Type of position: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

EDUCATION

	Name	City and State	Did you Graduate?	Year Graduated	Diploma or Degree	Major
High School						
College						
College						
Other Training						

LICENSES, CERTIFICATES, REGISTRATIONS

Professional Licenses	Current or Eligible	Number	State	Expiration Date

Have you ever had a professional license suspended or revoked?  
 Explain: \_\_\_\_\_

Special Skills and/or languages: \_\_\_\_\_

Please list all employers, INCLUDING MILITARY SERVICE: Students should list all summer and part time jobs. Please begin with your most recent employment. Please note: An additional sheet of paper should be used if space is insufficient to list all employment.

**EMPLOYMENT**

Month/Year:	Employers Name and Address:	Supervisors Name and Title:	Final Annual Salary:
Start:			\$
Leave:		Phone No.	
Job Title:		Reason for Leaving:	
Job Duties:			
Month/Year:	Employers Name and Address:	Supervisors Name and Title:	Final Annual Salary:
Start:			\$
Leave:		Phone No.	
Job Title:		Reason for Leaving:	
Job Duties:			
Month/Year:	Employers Name and Address:	Supervisors Name and Title:	Final Annual Salary:
Start:			\$
Leave:		Phone No.	
Job Title:		Reason for Leaving:	
Job Duties:			

**REFERENCES**

Please provide three (3) references (not of relation) of persons knowledgeable of your employment history.

Name	Relationship to Applicant	Address/City/State/Zip	Area Code-Phone No.

**FELONY**

Have you ever been convicted of a felony?  
 If yes, give date and nature of violation: \_\_\_\_\_ City/State: \_\_\_\_\_

\*No applicant for employment will necessarily be rejected because of a conviction of a criminal offense. The date and nature of the offense, the requirements of the position and the applicants other qualifications will be considered.

**TENURE**

Are you a former employee?      If yes, give date of employment: \_\_\_\_\_

**TRAVEL**

Would there be any limitation on your availability for travel, should the position require travel, within Marion County?  
 If yes, explain: \_\_\_\_\_

Do you possess a current driver's license, if required for the position you applied for? \_\_\_\_\_

**RELATIVES**

Do you have any relatives working for the Health and Hospital Corporation?  
 If yes, please list relative: \_\_\_\_\_

Please note: No relative, as defined by blood, marriage, or domestic partners, shall be hired for employment or transferred to a position when 1) such employment or transfer establishes an immediate supervisor/employee relationship; 2) involves assignment to a work group which requires relatives to interact to perform their tasks, or 3) when one relative holds a senior administrative or clinical position in the same division.

**AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

1. The Health and Hospital Corporation of Marion County is an Equal Employment Opportunity Employer. In hiring, the Health and Hospital Corporation of Marion County may not discriminate based on your race, sex, color, creed, religion, national origin, handicap, disability, status as a disabled veteran or veteran of the Vietnam era or age over forty. If you believe that you have been discriminated against, you may notify the appropriate federal and/or State of Indiana agencies.
2. It is the policy of the Health and Hospital Corporation of Marion County that all personally identifiable applicant information provided be held in confidence and properly safeguarded, and that the use of such information be limited to valid business, regulatory, public records disclosure or legal requirements.
3. If employment is offered to you, your employment is contingent upon passing a medical examination, including drug screening, a tuberculin test and vaccination against or demonstration of immunity to Rubella. Employees may be asked to show immunity to or be vaccinated against Hepatitis B. If vaccination is declined, employees must sign a Hepatitis B Vaccine Declination form. Failure to satisfactorily complete the medical examination will result in a withdrawal of the employment offer.
4. Your eligibility for pension is based on the Public Employee’s Retirement Fund (PERF) pension plan, the provisions of which will be described in the publications provided to you upon your employment. All employees are required under state law to participate.
5. The Health and Hospital Corporation of Marion County may conduct investigations of the information contained in this application and any interviews with you, including your prior employment history and education. By signing and submitting this application, you authorize the Health and Hospital Corporation of Marion County to make such an investigation and you authorize references and former or current employers to release related information to the Health and Hospital Corporation of Marion County. By signing and submitting this application, you indicate your awareness that false statements or failure to disclose requested information will disqualify you for employment and, if employed, will result in your dismissal.

Additionally, should you be offered employment, you authorize the Health and Hospital Corporation of Marion County to randomly perform and obtain a limited criminal history, a Bureau of Motor Vehicles report and vehicle insurance coverage report as allowed by law to limit liability and maintain a safe workplace.

**CERTIFICATE OF APPLICANT**

By submitting this application, I certify there are no misrepresentations or false statements and answers. I am aware that, should any investigations disclose misrepresentations or falsifications; my application will be disqualified from consideration for positions with the Health and Hospital Corporation of Marion County. I understand and agree that, if employment is offered to me, this application and/or any other company documents, policies or statements do not create a contract of employment with the Health and Hospital Corporation of Marion County. I understand that I may leave employment or be terminated at any time and for any reason.

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Date Signed

Signature of Applicant