



COMMUNITY MEDICAL CENTER

FALLS CITY, NEBRASKA

3307 North Barada Street • P.O. Box 399 • Falls City, NE 68355-0399
 Phone: (402) 245-2428 • www.cmcfc.org

Thank you for your interest in employment at Community Medical Center. We are proud of our employees and believe that we are an excellent place to work. CMC offers competitive wages and benefits to full and part-time employees. We are an equal opportunity employer.

Explanation of the Application Process

To apply for a position at Community Medical Center you should submit an employment application. The application must be completed in full, answering all questions and sections. Once submitted, your application will be reviewed by a member of Human Resources, and you may be called upon for an interview. The interview will consist of at least one member of Human Resources and the Supervisor of the Department in which you are interviewing for. After the interview process and reference checks, if you are chosen to become part of the CMC team, Human Resources will call you to extend an employment offer. The employment offer is contingent upon your successful completion of a criminal background check, drug screen and physical.

APPLICATION FOR EMPLOYMENT

Position(s) applied for: _____ Date of Application: _____

I am interested in: Full-Time (32-40hrs/wk) Day
 Part-Time (16-31hrs/wk) Evening
 Casual/PRN Pool (no benefits) Night
 Temporary

I would be available to work:

Name: _____ Social Security Number: _____
 Last First Middle Initial

Address: _____
 Street City State Zip

E-mail Address: _____

Phone Number: _____
 Day Evening Cell

Have you worked under another name? Yes No If yes, list name (s) _____

Have you worked for Community Medical Center previously? Yes No

If yes, in what capacity and what date did you leave employment? _____

If hired, can you provide proof of your eligibility to be employed in the United States? Yes No

Have you ever been convicted of **ANY** crime within the last seven (7) years? (conviction will not necessarily disqualify applicant from employment) Yes No

Disclose **ALL** misdemeanors and felonies (including Driving Under the Influence (DUI), Minor in Possession (MIP) but you may exclude minor traffic violations)

NOTE: Omitting information or failure to disclose may disqualify you from consideration.

If yes, please explain _____

EDUCATION AND TRAINING

Name and Location of School	Degree/Certificate Earned	Graduation Date	Major and Minor Fields of Study	Dates Attended

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Profession: _____ State Issued: _____ License Number: _____

Has your professional license (in any state) ever been on probation, suspended, revoked, or limited in any way? Yes No

If yes, give reason _____

Please list any relevant certifications and provide expiration dates, i.e. BLS, ACLS, CCRN

EMPLOYMENT RECORD

List your present or most recent employer **FIRST**. Include U.S. Armed Forces experience. **Account for ALL the time during the past 7 years including period of unemployment. Include any unpaid work experience.** (Attach additional pages as needed.) Omit reasons for leaving if for reasons of health or disability. Resumes are acceptable but may **NOT** be substituted for the following information.

<p>Employer _____ Full-Time Part-Time</p> <p>Address _____</p> <p>Job Title _____</p> <p>Primary Duties/Responsibilities _____</p> <p>_____</p> <p>_____</p> <p>Manager _____ Phone # _____</p> <p>Reason for leaving _____</p> <p>_____</p>	<p><u>Employed</u></p> <p>From: Mo. Yr.</p> <p>To: Mo. Yr.</p> <hr/> <p><u>Salary</u></p> <p>Start: _____</p> <p>End: _____</p> <hr/> <p>May we contact employer?</p> <p>Yes No</p> <p>If no, why _____</p> <p>_____</p>
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Employer _____ Full-Time Part-Time	<u>Employed</u> From: Mo. Yr. To: Mo. Yr.
Address _____	<u>Salary</u> Start: End:
Job Title _____	May we contact employer? Yes No If no, why _____
Primary Duties/Responsibilities _____ _____ _____	
Manager _____ Phone # _____	
Reason for leaving _____ _____	
Employer _____ Full-Time Part-Time	<u>Employed</u> From: Mo. Yr. To: Mo. Yr.
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Address _____	<u>Salary</u> Start: End:
Job Title _____	May we contact employer? Yes No If no, why _____
Primary Duties/Responsibilities _____ _____ _____	
Manager _____ Phone # _____	
Reason for leaving _____ _____	

SKILLS

Please list any skills and abilities you wish to be considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques, foreign languages etc.

PROFESSIONAL REFERENCES

Please provide information for three work related references that we may contact. Please do not include relatives.

Name, Job Title	Telephone # in which they can be reached at	Relationship (Co-Worker/Supervisor)

HOW WERE YOU REFERRED TO COMMUNITY MEDICAL CENTER

- Employee referral – Name of employee _____
 - Newspaper _____
 - Walk – In _____
 - Other _____
- CMC website
 - School
 - NE Workforce Development

EMPLOYMENT AGREEMENT

I certify the information contained in this application for employment is true t the best of my knowledge and belief. I understand that any omission of facts or misrepresentation is cause for denial of employment and/or dismissal (if hired) regardless of when discovered.

I grant permission for the authorities of Community Medical Center to investigate my work references and release them and any former employer from any and all liability resulting from such investigation. Upon my termination, I authorize the release of reference information on my work.

I agree to submit to a post-offer physical, including drug and/or alcohol screening and recognize employment is contingent upon successfully meeting physical requirements.

I further agree that if I've been convicted of a crime, the authorities of Community Medical Center may obtain details of my conviction to determine its relationship to the position I'm applying for as a condition of my employment.

In consideration of my employment, I agree to conform to the rules and regulations of Community Medical Center. My employment may be terminated, with or without cause, at any time, at the option of Community Medical Center or myself.

Federal law requires evidence of identity and employment eligibility upon hire.

Signature of Applicant _____ Date _____

Community Medical Center is an EOE Employer.

Part of the application process is for each applicant to read the Standards of Behavior for Community Medical Center. These have been developed to support and maintain the expectations we have for delivering excellent service and clinical care.

Community Medical Center Standards of Behavior

Customer Service

I Will:

- Treat everyone as if he or she is the most important person in our facility. Acknowledge a customer's presence immediately.
- Make time for everyone. No one is an interruption but rather my reason for being at CMC.
- Be patient and understanding.
- Value our customer's time and provide prompt service.
- Speak highly of our patients, other employees, practitioners, volunteers, other departments and CMC.
- Refrain from making excuses or placing blame. Take personal ownership.
- Escort anyone who is lost or find someone who can assist.
- Sincerely apologize and seek remedies when expectations are not met.
- Look for ways to make patients and visitors comfortable by providing privacy, spiritual support, locations of vending areas, restrooms, cafeteria, gift shop, reading materials, technical support and other information or items as requested.
- Inform patients and family members of anticipated wait times, cause of delay and periodically provide them a status update.
- Acknowledge patient needs as a priority and realize all employees are responsible for responding to them promptly.
- Maintain patient privacy and modesty by closing doors, pulling curtains, and providing appropriate attire.
- Respect patient privacy by knocking and identifying myself before entering closed doors and curtained areas.
- Be sensitive and gentle when waking a patient for any procedure.
- Offer assistance to anyone needing help.

Communication

I Will:

- Keep patients informed regarding their plan of care including timeframes and changes. Include patients in discussions and decisions about their treatment and plan of care.
- Be open, courteous and respectful at all times.
- Speak respectfully and positively of leadership and peers.
- Listen to people in ways that show I care by using appropriate eye contact and body language.
- Be aware of, attentive to and respectful of the cultural diversity within our customer population.
- Refrain from negative gossip.
- Refrain from unnecessary discussions about personal and work related issues in the presence of customers.
- Never use offensive language.
- Always look for ways to communicate constructively.
- Actively listen and seek clarification.
- Seek interpreter services for communication barriers when appropriate or desired.
- Explain things clearly, using the appropriate language level and volume.
- Take responsibility for being informed about CMC and my department. To do so, I will regularly attend required meetings and will read hospital communication tools including bulletin boards, newsletters, policies and procedures.
- Know how to use the phones and pager systems in my work area.
- Answer the phone within three rings when possible, with a pleasant tone of voice identifying myself as appropriate for my department.
- Place the caller on hold or mute the call rather than laying the receiver down.
- Silence my pager and/or other wireless communication devices when attending meetings or caring for patients.
- Consider an alternate means of communication if there have been three or more email messages exchanged in an attempt to reach a conclusion.
- Respond to email, voice mail and other requests in a timely manner.
- Avoid using all capital letters in an email (because it symbolizes shouting) unless it emphasizes a positive word or phrase.
- Minimize overhead pages and use personal paging systems when available.

Teamwork

I Will:

- Demonstrate and accept personal responsibility for the success of the organization.
- Work in collaboration with my co-workers, being positive in finding solutions to problems and supporting a blame-free environment.
- Conduct myself in a professional manner and strive to do the best job I can.
- Look for ways to meet a request without saying “I don’t know” or “it’s not my job”.
- Ask for guidance or help when necessary.
- Take responsibility for my decisions, actions and performance, welcoming constructive feedback and suggestions.
- Talk with my co-workers in a thoughtful, discrete and respectful manner if I have a grievance or concern.
- Treat all others with honesty and respect.
- Mentor new employees and welcome them to our team.
- Look beyond my assigned tasks and if I am unable to meet a request, will find someone who can.
- Be an ambassador to the organization, demonstrating loyalty and supporting its values.
- Initiate, promote, and adapt to change and the process of continuous quality improvement.
- Take pride in my appearance, adhering to the organizational dress code.
- Wear my identification badge at all times while in the facility. It will be clearly visible and fastened above the waist with the photo facing outward.

General Etiquette

I Will:

- Greet/acknowledge everyone as I pass him or her in the hallway.
- Understand that rudeness is never acceptable.
- Always thank customers for waiting and apologize for delays.
- Help to maintain a quiet, calming and professional environment.
- Address everyone respectfully by their preferred name.
- Use “please” and “thank you” in all my conversations and communications.
- Maintain confidentiality by not discussing patient information where the conversation can be overheard by others.
- Keep traffic areas clear and make room for others.

I have read and understand the Community Medical Center Standards of Behavior. I recognize that every job is a self portrait of the person who does it. With this in mind, I pledge to practice these standards daily and to make these standards of performance my standards as a team member of Community Medical Center.

Printed Name: _____

Signature: _____

Date: _____