

# Southern Indiana Rehab Hospital

A partnership of Frazier Rehab Institute, Floyd Memorial Hospital and Health Services,  
and Clark Memorial Hospital

LAST NAME

FIRST

INITIAL

Position applying for: \_\_\_\_\_

Type of position preferred:  Full time

Part time  PRN

Shift position preferred:

Day

Evening

Night

Date Available: \_\_\_\_\_

SIRH IS A TOBACCO FREE CAMPUS AND A DRUG FREE WORKPLACE

### Mailing Address:

3104 Blackiston Boulevard  
New Albany, IN 47150  
(812) 941-8300

## EMPLOYMENT APPLICATION

It is the policy of SIRH to afford equal opportunity to all employees and applicants. We comply with all Federal, State and Local regulations as they pertain to Equal Employment Opportunity. The use of this form does not mean there are positions open and does not obligate SIRH in any way. Your employment application will be retained for 6 months. You must reapply if you wish to be considered for employment beyond this period of time.

**PERSONAL DATA:**

Name: (Last) (First) (Middle) (Maiden) Social Security No.

Present Address: (Street) (City, State, Zip) Home Phone No. ( ) Work/Cell/Pager No. ( )

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime, including misdemeanors and traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	Date & Nature of conviction(s):
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Have you ever been convicted of a criminal offense related to health care or have you ever been debarred, excluded or otherwise ineligible for participation in a federal health care program such as Medicare or Medicaid?  
 Yes  No

Have you ever been the subject of an investigation by any private, federal or state health insurance program?  
 Yes  No If yes, please provide explanation and dates \_\_\_\_\_

In the last 10 years, were you fired from any job, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?  Yes  No If yes, please explain \_\_\_\_\_

Are you 18 years of age or older?  Yes  No \_\_\_\_\_

Are you currently employed?  Yes  No  
If so, may we contact your present employer?  Yes  No Phone # \_\_\_\_\_ Expected Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_

Have you ever been employed by SIRH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and department:	List all Relatives (and their departments) who work at this facility:  How were you referred to our facility? Professional Journal <input type="checkbox"/> Job Fair <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> SIRH Employee <input type="checkbox"/> - Name of SIRH Employee _____
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**EDUCATION**

School	Circle Last Year Completed	School Name/Location	Degree Received	Degree	Major or Course of Study
High School	9 10 11 12 GED <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N		
College	1 2 3 4		<input type="checkbox"/> Y <input type="checkbox"/> N		
Graduate	1 2 3 4		<input type="checkbox"/> Y <input type="checkbox"/> N		
Business College or Vocational School	1 2 3 4		<input type="checkbox"/> Y <input type="checkbox"/> N		

**PROFESSIONAL REGISTRATION AND/OR LICENSURE**

Do you possess any kind of professional license, certificate, or registration (excluding driver's license?)  Yes  No  
If yes, please fill out the following information:

Type	State	Original Issue Date	License No.	Expiration Date	Verified By

If not licensed in Indiana, have you applied for an Indiana license?  Yes  No.

Has your license in any state ever been denied, limited, suspended, sanctioned, revoked, voluntarily or involuntarily relinquished, or not renewed?  Yes  No.

If yes, please provide explanation and dates \_\_\_\_\_

Are there any actions that have been initiated or are pending against you by any state licensing board?  
 Pending  Settled  Resolved

# EMPLOYMENT HISTORY

**START WITH YOUR PRESENT OR MOST RECENT EMPLOYER** and follow with former places of employment including military experience, temporary, and all other employment. **EVEN IF A RESUME IS ATTACHED, PLEASE COMPLETE ALL INFORMATION.**

Employer	Dates Employed	From	To	Job Responsibilities:
Address				
Job Title	Employer Phone No.			
Name and title of supervisor	Salary			
Reason for leaving				
Employer	Dates Employed	From	To	Job Responsibilities:
Address				
Job Title	Employer Phone No.			
Name and title of supervisor	Salary			
Reason for leaving				
Employer	Dates Employed	From	To	Job Responsibilities:
Address				
Job Title	Employer Phone No.			
Name and title of supervisor	Salary			
Reason for leaving				
Employer	Dates Employed	From	To	Job Responsibilities:
Address				
Job Title	Employer Phone No.			
Name and title of supervisor	Salary			
Reason for leaving				
Employer	Dates Employed	From	To	Job Responsibilities:
Address				
Job Title	Employer Phone No.			
Name and title of supervisor	Salary			
Reason for leaving				

**FOR REFERENCE AND VERIFICATION PURPOSES, HAVE YOU EVER WORKED UNDER ANOTHER NAME? IF SO, INDICATE NAME AND COMPANY.**

Name:	Company:
Name:	Company:

Explain any periods of unemployment: \_\_\_\_\_  
 \_\_\_\_\_

## PROFESSIONAL REFERENCES (OTHER THAN RELATIVES)

Name/Business and Address	Professional Relationship	Phone Number
		Home
		Business
		Home
		Business

If not a citizen of the United States, do you have the right to remain and work in the United States?  Yes  No.

If yes, explain: \_\_\_\_\_

Alien Registration Number (Visa #) \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type of Card \_\_\_\_\_

May we contact the employers you listed? Yes  No

If no, explain:

What was the former position held which you most enjoyed? Briefly describe reasons.

What was the former position held which you least enjoyed? Briefly describe reasons.

### APPLICANT CERTIFICATION AND AGREEMENT - READ CAREFULLY

In applying for employment I want Southern Indiana Rehab Hospital (SIRH) to be fully informed of my previous record, and I hereby authorize SIRH to investigate my background and to obtain any and all information which may concern me. I hereby release all persons, schools, corporations, military and government agencies, credit bureaus and law enforcement agencies from any liability in furnishing such information.

I understand that the SIRH policy requires me to submit a sample of my urine and blood for chemical analysis to determine the presence or absence of drugs and/or alcohol. I consent freely and voluntarily to provide such urine and/or blood specimens prior to the start of my employment and I understand that employment is contingent upon passage of this chemical analysis. I further agree to any future request for urine and/or blood specimens as outlined by the SIRH Alcohol and Drug Policy. I hereby release and hold harmless SIRH and its employees and agents from any liability whatsoever arising from any and all requests to furnish specimens or the testing process. I also authorize any laboratory testing my urine and/or blood requested by the SIRH Alcohol and Drug Policy to release the results to SIRH and I hereby release any such laboratory, its employees and agents and hold them harmless from any liability whatsoever arising from the release of such information to SIRH.

I fully understand that any misrepresentation of facts on this application shall be sufficient cause for dismissal in the event I am hired, or shall be sufficient cause to

prevent further consideration of my application prior to being hired. I further understand that any offer of employment shall be subject to a reference check. I understand and agree that, should I be offered employment, my start date may be conditioned on the results of a medical examination, the cost of which, if administered, will be paid by SIRH. I further agree to abide by the policies, procedures and practices of SIRH.

I understand that conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or administrator of this organization.

This application is not an employment contract and cannot create an employment contract. I understand that my employment would be at will and could be terminated at any time by either SIRH or myself.

**RELEASE:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

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

# The Road to Excellence

## ATTITUDE

At SIRH we believe that we are here to serve our customers.

## APPEARANCE

Our appearance represents the SIRH organization. Therefore, our grooming and dress will reflect our respect for our customers.

## CALL LIGHTS

We will answer call lights in a way that demonstrates the care, courtesy and respect our customers deserve.

## COMMUNICATION

The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs.

## COMMITMENT TO CO-WORKERS

As SIRH employees, we are linked to one another by a common purpose: serving our customers and our community.

## CUSTOMER WAITING

We strive to provide our customers with prompt service, always keeping them informed of delays and making them comfortable while they wait.

## PRIVACY

We will ensure our customers' right to privacy and modesty by creating and maintaining a secure and trusting environment.

## PROFESSIONALISM

Be courteous and respectful to customers and colleagues.  
Do your job and take personal ownership of it.

## SAFETY AWARENESS

Safety will be the responsibility of all SIRH employees to ensure an accident-free environment.

## SENSE OF OWNERSHIP

By this we mean taking pride in what we do and feeling responsible for the outcomes of our efforts.

I have read the above performance standards and understand that these behaviors are an expectation of SIRH team members.

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Signature

Date

**TO WHOM IT MAY CONCERN:**

I have applied to the Southern Indiana Rehabilitation Hospital for employment. I authorize you to issue to the Southern Indiana Rehabilitation Hospital any requested information regarding my employment record and/or character, and I unconditionally release your company from all liability which may result from responding to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Have you been written-up, counseled, disciplined, suspended or terminated for any of the following:

Reason	Yes/No	If Yes, Employer	Date
Attendance or Tardiness			
Poor Work Performance or Failure to Perform Assigned Duties			
Conflict with Manager or Co-Worker			
Any Other Reasons Not Listed Here?			

I request and authorize my present and/or former employer(s) to release information contained in my personnel file to the requesting company for the purpose of evaluating my suitability for employment. I release my present or former employer(s) from any liability resulting from the release of any information pursuant to this reference check form, including, but not limited to, any claim for defamation or contractual interference. I acknowledge that some of the information released may involve my present or former employer's(s') subjective decisions or determinations as to the reason for separation from employment, eligibility for rehire or reason(s) for leaving employment, and agree that such information may be released or divulged, and waive and release any claim or liability associated therewith.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates or educational facility.

**AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      MIDDLE NAME                                      (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Southern Indiana Rehab Hospital** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Southern Indiana Rehab Hospital**. **Southern Indiana Rehab Hospital** uses **AbsoluteHire**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

**AbsoluteHire** will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, professional and personal references and workers compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Southern Indiana Rehab Hospital**, and **AbsoluteHire**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Southern Indiana Rehab Hospital** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Southern Indiana Rehab Hospital**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **AbsoluteHire**, 3009 Douglas Blvd., 3<sup>rd</sup> Floor, Roseville, CA 95661. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.**

Signed \_\_\_\_\_

Today's Date \_\_\_\_\_

Name as it appears on your driver's license \_\_\_\_\_

Position Applied For \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security Number      Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Driver's License Number      State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:  
 \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr

Current Address: \_\_\_\_\_ /  
 Street                                      Apt.#                                      City                                      State                                      Zip Code                                      From / To?

Former Address: \_\_\_\_\_ /  
 Street                                      Apt.#                                      City                                      State                                      Zip Code                                      From / To?

Former Address: \_\_\_\_\_ /  
 Street                                      Apt.#                                      City                                      State                                      Zip Code                                      From / To?