



APPLICATION FOR EMPLOYMENT

IBERIA MEDICAL CENTER OFFERS EQUAL EMPLOYMENT OPPORTUNITY TO ALL APPLICANTS FOR EMPLOYMENT AND TO ALL EMPLOYEES REGARDLESS OF SEX, AGE, RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, OR DISABILITY.

PLEASE PRINT CLEARLY

PERSONAL DATA	
Name _____ <small>Last Name First Name MI</small>	Date _____
Present Address _____ <small>Street Number and Name</small>	Telephone () _____
_____ City State Zip Code	Message Telephone () _____
E-mail _____	
Other names under which you have worked (maiden last name, different first name, etc) _____	

Are you a U.S. Citizen or authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No	
Are you at least 18 years of age? ___ Yes ___ No	
Person to be notified in an emergency	
_____ Name Address Telephone	
POSITION DESIRED	
Position(s) applying for _____	
Salary requirement _____	
Specify: ___ Full-time ___ Part-time ___ Relief	Shift preferred _____
Were you previously employed by Iberia Medical Center? ___ Yes ___ No	
If yes, when and where? _____	
If an offer is extended, when would you be available for work? _____	
How did you become aware of the position for which you applying? Please give individual's name or source. _____	
Do any of your relatives work for Iberia Medical Center? ___ Yes ___ No	
If yes, who and your relation? _____	
Do you have a reliable method of transportation to use if hired to work in this facility? ___ Yes ___ No	

EMPLOYMENT HISTORY (must be completed in full to be considered for employment)

Are you presently employed? _____ Yes _____ No
 May we contact your present employer? _____ Yes _____ No

List your work experience, beginning with your most recent job

FROM (Mo/Yr)	TO (Mo/Yr)	NAME & ADDRESS OF EMPLOYER _____ _____ _____	JOB TITLE & DUTIES _____ _____ _____
Starting Salary _____	Ending Salary _____	Supervisor _____ Phone _____	Reason for Leaving _____
FROM (Mo/Yr)	TO (Mo/Yr)	NAME & ADDRESS OF EMPLOYER _____ _____ _____	JOB TITLE & DUTIES _____ _____ _____
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EDUCATION AND TRAINING (must be completed in full to be considered for employment)

Name and Address of School No of years completed Course or Major Diploma/Degree

Professional License No. Type of License Place of Issue Expiration Date

Membership(s) in professional organizations

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REFERENCES (DO NOT LIST RELATIVES)

Name and Occupation Address Phone Number

EXPERIENCE (Check all that apply)

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked by Iberia Medical Center unless I have indicated to the contrary.

I am aware that a more detailed investigation concerning background may also be conducted, if applicable to the job for which I am applying and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

I understand that I am required to disclose whether I am an Ineligible Person and I will checked against the GSA and HHS-OIG Exclusion Lists prior to hiring and that IMC requires me to immediately disclose any debarment, exclusion, or other event that makes me an Ineligilble Person.

Should a job offer be made, I consent to taking a pre-placement physical examination and such future examinations as may be required by Iberia Medical Center. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job, I understand that as part of my pre-placement physical examination, upon which any offer of employment is contingent, I will be required to successfully pass a drug screening test. The test will be administered at Iberia Medical Center's expense, and will require me to provide a urine specimen for analysis. Proof of prescription drugs will be required. Results of the drug test are confidential, and will not be disclosed to others without a need to know. My signature below specifically signifies my consent to this pre-placement drug screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Iberia Medical Center or affiliate and myself which would in any way restrict the right of the hospital to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or Iberia Medical Center or affiliate may terminate the relationship at any time.

I understand that any misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process is cause for dismissal.

I understand that this application will be active for a period of 6 months and kept on file for 1 year; after that time, if I wish to be considered for employment, I must submit a new application.

Applicant's Signature _____ Date _____

IBERIA MEDICAL CENTER BEHAVIORAL STANDARDS
“MAKING A PROMISE WORTH KEEPING”

P -PROFESSIONALISM:

- I will smile and greet others with eye contact.
- I will maintain a pleasant and calm demeanor in all situations.
- I will dress cleanly and neatly while displaying my name badge proudly.
- I will always speak and behave positively about my career and encourage others to do so.
- I will not use electronic devices for personal use. (Example: cell phones, iPads, etc.)

R -RESPECT:

- I will remember confidentiality by speaking about patient information in a private manner.
- I will recognize, praise, and thank my co-workers, physicians, as well as patients.

O -OWNERSHIP:

- I will strive to make IMC the best choice for our community.
- I will never use the phrase “that’s not my job”.
- I will offer assistance to patients, co-workers and physicians.

M -MANAGE:

- I will speak positively of others in their presence or absence on or off duty, and on all social media sites.
- I will protect the future of IMC by not wasting hospital time and resources.
- I will always manage up by portraying confidence in our facility, myself and all co-workers.

I -INFORM:

- I will explain details of each procedure to patients and family members.
- I will notify patients and family members of wait times and delays.
- I will communicate with co-workers to achieve excellent outcomes.
- I will act quickly and inform the proper chain of command about any complaints or concerns.

S -SAFETY:

- I will keep IMC safe and clean.
- I will pick up trash indoors and outdoors, cleanliness is everyone’s job.
- I will address safety concerns immediately when observed.
- I will politely notify smokers of our tobacco free policy with a smile.

E -EXCELLENCE:

- I will help others find their way by walking with them to their destination.
- I will offer assistance instead of waiting to be asked when someone seems lost.
- I will always ask “Is there anything else I can do for you?”
- I will put forth the effort to be excellent.
- I will embrace change and continual improvement to ensure IMC always provides excellent service.

I have read the IMC Service Excellence Promises and I am personally committed to embrace, follow, and live our vision and “PROMISE” to be the hospital of choice for patients, physicians and employees. I understand that if I fail to follow this “PROMISE” to IMC, I may be terminated from my employment.

Employee Signature

Date

