

**HIGHLANDS REGIONAL MEDICAL CENTER**  
P.O. BOX 668 - PRESTONSBURG, KENTUCKY 41653 - (606) 886-8511

**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS AND INFORMATION:**

Answer all questions. Print plainly

The vital services provided by our hospital require that we employ persons who can perform well in their work assignments. For that reason we carefully check application backgrounds including such as dates of employment, references, and reasons for leaving present and / or past employers. Omitted or false information on this application will be cause for disqualification. **Your application will be kept in active review status for six (6) months.**

Last Name													
Position Desired													
Date	Pay expected \$ _____ per hour												
Social Security Number													
Can You Work	<table border="1"> <tr> <td>Days</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> <tr> <td>Evenings</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Midnights</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Weekends</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Days	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Evenings	<input type="checkbox"/>	<input type="checkbox"/>	Midnights	<input type="checkbox"/>	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Days	YES <input type="checkbox"/>	NO <input type="checkbox"/>											
Evenings	<input type="checkbox"/>	<input type="checkbox"/>											
Midnights	<input type="checkbox"/>	<input type="checkbox"/>											
Weekends	<input type="checkbox"/>	<input type="checkbox"/>											
How many hours per week can you work?	40 <input type="checkbox"/> 20 - 40 <input type="checkbox"/> Under 20 <input type="checkbox"/>												
When Can You Report For Work?													

<b>P E R S O N A L</b>	Last Name		First Name		Middle Name		
	Have you ever worked under another name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? From _____ To _____	What Name?			
	Current Address (Number Street) (City, State, Zip)						
	Home Phone Number	Number where message can be left		Are you 18 years old or over?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>P E R S O N A L  H I S T O R Y</b>	Have you ever been employed at HRMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? From _____ To _____	Position	Reason for leaving	
	Have you ever been discharged or asked to resign by an employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Reason		
	Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what type of visa do you have?			
	* Have you ever been convicted of any crime other than a minor traffic offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date and disposition			
	Are you related to anyone employed at HRMC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who			
	Have you ever served in the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates	From _____ To _____	Branch of Service	Rank at discharge
List any skills or equipment and machines you can operate that are related to the job you are seeking						

<b>E D U C A T I O N</b>	Circle Highest Educational Level Completed	Elementary 5 6 7 8	High School 9 10 11 12	GED <input type="checkbox"/>	College 1 2 3 4	Graduate 1 2 3 4
	Name and Address of school					Diploma, Degree, Certificate Earned
	High School					
	College or University					
	Technical Vocational School					
	Describe any other training					

<b>* IN CASE OF ACCIDENT OR EMERGENCY NOTIFY:</b>	Name	Phone Number
	Address	

\* Conviction will not necessarily disqualify you from employment. Factors such as the date of the conviction and the offense will be considered.

<b>W O R K  R E C O R D</b>	Name, Address & Phone of Present or Most Recent Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for Leaving		
	2. Name, Address & Phone of Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for Leaving		
	3. Name, Address & Phone of Employer		Telephone No.
	Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
	Your Job Title & Duties	Date Left	Last Rate
	Reason for Leaving		
May We Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Explain:			

<b>R E F</b>	Give Names of Persons Not Related To You That We May Contact For A Personal Reference		
	Name	Phone Number	Number & Street
	Occupation		City, State & Zip
	Name	Phone Number	Number & Street
Occupation		City, State & Zip	

**APPLICANT'S CERTIFICATION AND AUTHORIZATION**

I certify that the information given by me in this application is true and complete. I authorize Highlands Regional Medical Center to use any information in this application to verify my statements. I authorize past employers, references, and other persons to answer all questions concerning my ability, character, and previous employment. I release all such persons from all liability or damages resulting from responding inquiries regarding my application.

I understand that if I am employed, any false or misleading information given in my application or interviews shall be sufficient cause for dismissal.

I further agree that if I am employed, I will conform to all procedures and policies of Highlands Regional Medical Center and understand that my employment may be terminated with or without cause at any time by either Highlands Regional Medical Center or me.

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

Date of Interview	Time	Position
Reported for Interview	Y N	
Pre-Employment Testing Completed	Y N	
Person Hired	Y N	
Reports To Work On	Date	Time

Interviewed By:	Date
Interviewer's Comments	

**HEALTHCARE EMPLOYMENT SCREENING  
DISCLOSURE AND RELEASE**

In connection with my application for employment (including contract for services) with  
**Consolidated Health Systems**

(Company)

I hereby fully release and discharge you and Healthcare Employment Screening (HES), their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to above named employer and/or HES from all claims and damages arising out of or relating to any investigation of my background for employment purposes.

I have been provided a copy of the summary of the rights of the consumer pursuant to fair Credit Reporting Act (FCRA), and have also been provided a disclosure that an investigative consumer report will be sought pursuant to FCRA. **I hereby authorize and give my consent to the above company for the procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.**

In connection with my application for employment (including contract for services) with you, I understand that an investigative consumer report and consumer reports which may contain public record information may be requested from HEALTHCARE EMPLOYMENT SCREENING, 4500 S. 129<sup>th</sup> E. Ave. Suite 200, Tulsa, OK 74134-5885. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, any information relating to my character, general reputation, personal characteristics, mode of living, educational background, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information concerning my driving record, criminal records, etc., from federal, state and other agencies which maintain such records.

For purposes of gathering information, I agree to supply the following information:

Date of birth \_\_\_\_\_

Male 9

Female 9

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant=s Signature

\_\_\_\_\_  
Date

**Criminal Conviction / Investigation**

Have you ever been convicted of any violation of the law (including any traffic offense), or are you now under pending investigation or charges of violation of the law? \_\_\_\_\_

If yes, explain:

---

---

---

**NOTE:** Criminal convictions or investigations are not necessarily a bar to employment; however, conviction of certain crimes is and each case will be reviewed.

Have you ever been subject of any adverse action(s) by any duly authorized licensing, sanctioning or disciplinary agency for either conduct based or performance-based actions? \_\_\_\_\_

If yes, explain:

---

---

---

---

Signature

---

Date

**HIGHLANDS REGIONAL MEDICAL CENTER**  
P.O. BOX 668  
PRESTONSBURG, KENTUCKY 41653  
**REFERENCE REQUEST**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

I authorize my present or former employers, schools and any other reference to give any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for issuing same.

X \_\_\_\_\_  
**Signature of Applicant**

The person named above has applied for a position as \_\_\_\_\_ in our institution. We would appreciate the following information, which will be held strictly confidential/ Your early consideration will be appreciated.

Date: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did employee give adequate notice? \_\_\_\_\_

Would you rehire? \_\_\_\_\_ if not, why? \_\_\_\_\_

What is your estimate of personality and liability of applicant as t the following:

	<b>EXCELLENT</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>POOR</b>
Quality of Work:	_____	_____	_____	_____
Quantity of Work:	_____	_____	_____	_____
Attendance:	_____	_____	_____	_____
Professional Knowledge:	_____	_____	_____	_____
Remarks:	_____			
	_____			
	_____			

**HIGHLANDS REGIONAL MEDICAL CENTER**  
P.O. BOX 668  
PRESTONSBURG, KENTUCKY 41653  
**REFERENCE REQUEST**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_

I authorize my present or former employers, schools and any other reference to give any information they may have regarding me, whether or not it is on their records. I hereby release them and their company from all liability for issuing same.

X \_\_\_\_\_  
**Signature of Applicant**

The person named above has applied for a position as \_\_\_\_\_ in our institution. We would appreciate the following information, which will be held strictly confidential/ Your early consideration will be appreciated.

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

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date of employment: From \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did employee give adequate notice? \_\_\_\_\_

Would you rehire? \_\_\_\_\_ if not, why? \_\_\_\_\_

What is your estimate of personality and liability of applicant as t the following:

	<b>EXCELLENT</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>POOR</b>
Quality of Work:	_____	_____	_____	_____
Quantity of Work:	_____	_____	_____	_____
Attendance:	_____	_____	_____	_____
Professional Knowledge:	_____	_____	_____	_____
Remarks:	_____			

**A Summary of Your Rights**

## Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). Most CRAs are credit bureaus that gather and sell information about you--such as if you pay your bills on time or have filed bankruptcy--to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney to learn those rights.

- X **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you--such as denying an application for credit, insurance, or employment--must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- X **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who had requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- X **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who had recently received your report be notified of the change.
- X **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- X **You can dispute inaccurate items with the source of the information.** If you tell anyone--such as a creditor who reports to a CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In

addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- X **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- X **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA--usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- X **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you unless your employer, or prospective employer, has your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- X **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- C **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "national" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal reserve System member banks (except national banks, and federal/agencies of foreign bank(s))	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administration - GIPSA Washington, DC 20250 202-720-7051