



Hospital: 800 11th St Charles City, IA 50616 (641)228-6830
 Clinic: 1501 S Main St Charles City, IA (641)228-5151

Employment Application

Floyd County Medical Center (FCMC) provides for a fair and equal employment opportunity for all job applicants regardless of race, color, religious creed, national origin, ancestry, age, gender, pregnancy, sexual orientation, gender identity, age, marital status, familial status, disability or genetic information, in compliance with applicable federal, state and local law. FCMC hires and promotes individuals solely on the basis of their qualifications for the job to be filled.

FCMC reasonably accommodates qualified individuals with disabilities to enable them to receive equal employment opportunity and/or perform the essential functions of the job, unless the accommodation would impose an undue hardship to FCMC. This applies to all applicants and employees.

FCMC also provides a work environment in which each employee is able to be productive and work to the best of his or her ability. We do not condone or tolerate an atmosphere of intimidation or harassment. We expect and require the cooperation of all employees in maintaining an atmosphere free from discrimination and harassment with mutual respect by and for all employees and applicants.

PERSONAL INFORMATION	
Date (Month/Day/Year)	Name (Last, First, Middle)
Address (Street, City, State, and Zip)	
Telephone (Area Code/Number)	Email Address
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a record of founded child or dependent adult abuse or have you ever been convicted of a crime in this state or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please explain: _____	
What prompted you to apply at FCMC for employment? _____	
EMPLOYMENT DESIRED	
Position applied for	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
Shift(s) you can work: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Any Shift	Date you can start (Month/Day/Year)
Have you ever applied at FCMC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when? _____	
Have you ever worked for FCMC before? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when? _____	
Who was your supervisor? _____ Why did you leave? _____	
Are you aware of any relatives that currently work at FCMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', who? _____ Relationship? _____	
EDUCATION	
Highest grade completed (please circle) Grade School: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4	
Name of last school attended _____ Field of study _____	
Are you currently enrolled in and attending classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', anticipated graduation date? _____	
Vocational or trade training _____	
Please list any special skills and abilities you wish considered _____	

EMPLOYMENT HISTORY

Employer Name or Branch of Military	Date started	Date left	Rate of pay	Job Title
Employer Address (Street, City, State and Zip)	Phone No.		Contact Person	
Job Duties			Reason for leaving	

May we contact this employer? Yes No If 'No', why? _____

Employer Name or Branch of Military	Date started	Date left	Rate of pay	Job Title
Employer Address (Street, City, State and Zip)	Phone No.		Contact Person	
Job Duties			Reason for leaving	

May we contact this employer? Yes No If 'No', why? _____

Employer Name or Branch of Military	Date started	Date left	Rate of pay	Job Title
Employer Address (Street, City, State and Zip)	Phone No.		Contact Person	
Job Duties			Reason for leaving	

May we contact this employer? Yes No If 'No', why? _____

PROFESSIONAL REFERENCES

Name	Relationship	Years Acquainted
Home phone	Work phone	
Name	Relationship	Years Acquainted
Home phone	Work phone	
Name	Relationship	Years Acquainted
Home phone	Work phone	

By submitting this form, I certify the information contained in this application for employment is true to 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 give FCMC the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application including conviction records and dependent adult & child abuse records. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without proper notice, and FCMC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any reassurances to the contrary. I further understand that any such assurance must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Signature _____ **Date** _____