

Employment Application



112 Mansfield Avenue, Willimantic, CT 06226

Phone (860) 456-6752 **Job line** (860) 456-6931 **Fax** (860) 456-6995

E-mail hr@windhamhospital.org **Website** www.windhamhospital.org

WINDHAM HOSPITAL MISSION STATEMENT

*To enhance the lives and well being
of people in the communities we serve
by providing quality health care.*

WINDHAM HOSPITAL VALUES

*Excellence
Accountability
Compassion
Commitment to the Community*

Windham Hospital is an equal opportunity employer and seeks to hire the best qualified staff and with regard to hiring, wages, benefits, transfer, promotion or termination, does not discriminate against qualified individuals with disabilities nor on the basis of race, color, age, gender, religion, marital or state sanctioned civil union status, national origin, sexual orientation, disability, disabled veteran or Vietnam-era veteran status. Where it is reasonable to do so, Windham Hospital will accommodate the known physical or mental limitations of otherwise qualified staff members or applicants for employment.

Human Resources Receipt



Updated

APPLICANT PLEASE COMPLETE

Name: _____ Date: _____

Status (check as applicable)

New Applicant _____

Current Staff Member _____

Former Staff Member _____

Contracted Staff/Traveler _____

Special Student Program _____

Name of Program: _____

For Office Use Only

Positions Applied for: _____ Date Sent _____

Date Sent _____

Date Sent _____

EMPLOYMENT APPLICATION
Consent Agreement and Disclosure Statement

I understand that as a condition of employment with Windham Hospital, I will be required to undergo a pre-employment drug screening and a post-job offer medical examination. Refusal to submit to a drug screen or medical examination, falsification of the drug screen or medical information provided, or a positive finding on the drug screen will preclude Windham Hospital from further consideration of my application. I understand that if I am disqualified I will not be eligible to reapply for a position at Windham Hospital for one year.

I also understand that positions require an ability to meet certain essential functions or physical demands and that I may be required to demonstrate that I can perform the essential functions or meet the physical demands of the job.

I understand that if I am hired, I will be required to make myself available to start employment by attending a **two-day** New Staff Orientation presented by the Human Resources Services Department at Windham Hospital. This orientation is held on a Monday and Tuesday once each month. I further understand that I must make myself available to attend division/departmental orientation as scheduled.

Applicant's Signature

Date

I authorize the officers, agents and employees of Windham Hospital to solicit all relevant information about this application, including a criminal background check. This authorization for release of information includes but is not limited to factual information and and/or matters of opinion relating to my character, reputation, ability, work habits, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

I authorize and request all persons or parties including but not limited to, schools, prior employers, institutions, state agencies, law enforcement agencies, credit bureaus and private information bureaus or repositories, to release such information to Windham Hospital or it's agents, without restriction or qualification. I voluntarily waive all recourse and release from liability those, who in good faith provide information in compliance with this authorization.

If information contained in the drug screen or any consumer report causes my rejection or dismissal, the nature and scope of that report will be supplied upon my written request.

I affirm that the information I provided on this application, any attached resume or supporting documentation, is complete and accurate. I understand that omission of facts or misrepresentations of information called for on this application are cause for disqualification from further consideration for employment or dismissal if discovered after I am hired.

I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Windham Hospital and myself or to provide any other benefit. I understand that employment with Windham Hospital is an employment-at-will. I agree that if Windham Hospital employs me, I shall be an employee-at-will unless an authorized official of Windham Hospital agrees different terms to in writing.

I understand that if I am selected for hire, I will be expected to uphold the *Standards of Behavior* contained in this application, with patients, visitors and fellow staff members.

Applicant's Signature

Date



Applicants are advised that Windham Hospital buildings and grounds are tobacco free.
No smoking is allowed anywhere on hospital property.

THANK YOU FOR CONSIDERING WINDHAM HOSPITAL AS A PROSPECTIVE EMPLOYER

**Please type or print clearly. Do not use pencil.
Complete all sections of the application. Do not leave any section or question blank.**

PERSONAL

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF APPLICATION
PRESENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER			
PERMANENT ADDRESS (NO. AND STREET)	CITY	STATE	ZIP CODE
CONTACT TELEPHONE NUMBER			
ANY PREVIOUS NAME(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST:	ARE YOU 18 YEARS OF AGE OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>	VISA/ ALIEN REGISTRATION #:		
HAVE YOU WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES LIST DATES, DEPARTMENT(S) AND TITLE(S))			
DO YOU HAVE ANY RELATIVES EMPLOYED BY WINDHAM HOSPITAL? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE LIST NAME AND RELATIONSHIP.			

WORK

POSITION(S) APPLIED FOR:	SALARY DESIRED:
HOURS AVAILABLE FT <input type="checkbox"/> PT <input type="checkbox"/> PER DIEM <input type="checkbox"/> WEEKENDS <input type="checkbox"/> WEEKDAYS <input type="checkbox"/>	HOURS DESIRED IF PT:
SHIFT PREFERENCE DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> ANY SHIFT <input type="checkbox"/>	DATE AVAILABLE:

EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY OR DEGREE ATTAINED	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE
HIGH SCHOOL			1 2 3 4	
COLLEGE			1 2 3 4	
POST GRADUATE			1 2 3 4	
TRADE/ BUSINESS			1 2 3 4	

PROFESSIONAL LICENSES / REGISTRATIONS / CERTIFICATIONS

CURRENTLY LICENSED <input type="checkbox"/>	ELIGIBLE FOR LICENSURE <input type="checkbox"/>	CURRENTLY CERTIFIED <input type="checkbox"/>
CURRENTLY REGISTERED <input type="checkbox"/>	ELIGIBLE FOR REGISTRATION <input type="checkbox"/>	ELIGIBLE FOR CERTIFICATION <input type="checkbox"/>
TYPE:	STATE:	TYPE: STATE:
LICENSE NO.	DATE OF LICENSE:	DATE OF CERTIFICATION:

WORK EXPERIENCE (INCLUDE MILITARY SERVICE)

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH THE MOST RECENT EMPLOYER				
EMPLOYER	STARTING DATE	LEAVING DATE	SUPERVISOR NAME	SALARY
ADDRESS			PHONE NUMBER ()	
JOB TITLE	DEPARTMENT / DUTIES			
REASON FOR LEAVING	MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A WORK REFERENCE <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER	STARTING DATE	LEAVING DATE	SUPERVISOR NAME	SALARY
ADDRESS			PHONE NUMBER ()	
JOB TITLE	DEPARTMENT / DUTIES			
REASON FOR LEAVING				

EMPLOYER	STARTING DATE	LEAVING DATE	SUPERVISOR NAME	SALARY
ADDRESS			PHONE NUMBER ()	
JOB TITLE	DEPARTMENT / DUTIES			
REASON FOR LEAVING				

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT LONGER THAN THREE (3) MONTHS
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VOLUNTEER EXPERIENCE

IF YOU WORKED AS A VOLUNTEER FOR ANY ORGANIZATION, LIST ANY SKILLS ACQUIRED

SKILLS

LIST HEALTHCARE, BUSINESS OR INDUSTRIAL EQUIPMENT OPERATED	
LIST OFFICE SKILLS INCLUDING COMPUTER SOFTWARE EXPERIENCE:	WORD PROCESSING:: APPROX. WPM

REFERENCES (OTHER THAN RELATIVES)

NAME	TITLE	ORGANIZATION / COMPANY / SCHOOL	PHONE NUMBER

Please attach a resume or supplementary data as appropriate.

STANDARDS OF BEHAVIOR

A. CREATE A POSITIVE FIRST IMPRESSION.

- Remember to smile and acknowledge my customer's presence.
- Introduce myself and my role when interacting with patients and customers.
- Make eye contact and focus on the needs of my patients, visitors, co-workers and others; demonstrate empathy and friendliness.
- Treat my customers with courtesy and respect in person and/or on the telephone.
- Wear ID badge at all times and in such a manner that it can be easily viewed while on Windham Hospital property.

B. LISTEN, INVESTIGATE AND RESPOND TO CONCERNS.

- Communicate compassionately and effectively; handle difficult situations in a calm manner.
- Actively listen to concerns by demonstrating a caring attitude, making eye contact, clarifying and acknowledging individual issues.
- Investigate and seek resolution to issues or problems; own a problem until it is resolved; take action, as appropriate.
- Show creativity in identifying other resources when addressing problems; be aware of the needs of others; anticipate and fulfill needs.
- Follow through with requests and provide explanations for an expected wait.

C. TREAT EVERYONE WITH RESPECT.

- Advocate for my patients and their families.
- Strive to build positive relationships with my customers and co-workers.
- Properly introduce myself and address people with dignity.
- Keep customers informed.
- Return phone calls promptly.
- Be helpful in directing patients and visitors around the Hospital campus.
- Maintain confidentiality and privacy.
- Provide options, as appropriate, and always respect others' decisions.
- Respect cultural, religious and other differences.
- Demonstrate a caring commitment to coworkers.
- Be honest – let people know when I am unable to meet their expectations and why.
- Help my co-workers be accountable for upholding standards of behavior, policies and procedures.
- Empower patients and families to be involved in their care in keeping with the Hospital's family-centered care philosophy.

D. SAFETY, CONFIDENTIALITY AND PRIVACY are primary concerns.

- Assure safety in all areas of the hospital including observing patient care protocols to reduce errors and improve patient satisfaction.
- Communicate every patient's rights to confidentiality and policies regarding sharing of information with other people.
- Respect everyone's privacy...strict confidentiality starts with me!
- Maintain a safe environment – in the hospital and on the grounds (safe walkways, safe equipment, adequate lighting, etc.) Remain vigilant. This is part of my job.

E. DISPLAY AN ATTITUDE OF PROFESSIONALISM at all times.

- Display an "owners" attitude modeling the highest standards and work ethic.
- Be diplomatic and adjust my role and behavior to meet unique situations.
- Be flexible, demonstrating the ability to multi-task and change direction when needed.
- Maintain a positive outlook, pleasant personality and encourage others to do the same; reinforce positive behaviors and avoid negativity.
- Attend all meetings, as determined by my supervisor, and take responsibility for keeping informed about Hospital programs, services and issues.
- Be proud of my ability to provide quality, expert care and service to both internal and external customers; Maintain my competency and pursue growth opportunities both personally and professionally.
- Demonstrate our professionalism at all times in my behavior, appearance, attitudes, and in the quality of the environment and care provided.

I understand that if I am selected for hire, I will be expected to uphold these standards with patients, visitors and fellow staff members.

To be completed by Applicant.

Name: _____

Section 31-51(f) of the Connecticut General Statutes requires that this portion of the application be detached when the application is to be read by anyone other than a member of the Department of Human Resources.

Date of birth: ____/____/____

Social Security Number _____

Check one of the following: Male Female

Check one of the following: White Black or African American Two or more Races
 Hispanic/Latino American Indian or Native Alaskan
 Native Hawaiian or Pacific Islander Asian

Check any of the following if applicable: Person with a disability
 Disabled veteran Vietnam era veteran

If you hold a license or registration in a healthcare field, has that license or registration ever been limited, suspended, revoked or voluntarily relinquished, or are you currently under investigation for charges that could result in limitation, suspension revocation of that license or registration? Yes No

If yes, please explain: _____

Have you ever been licensed or practiced professionally under a different name? Yes No

If yes, please list your previous name(s) and explain: _____

Have you ever been sanctioned, cited or reported for misconduct by a professional or trade organization or agency or excluded from participation in Medicare or Medicaid? Yes No

If yes, please explain: _____

Have you ever been convicted of, or plead guilty to, a crime in any state? * Yes No

If yes, please list state(s) and reason(s): _____

Please note: answering yes to any of the above questions does not automatically eliminate you from consideration of employment, except as required by state or federal law.

Signature _____ Print Name _____

*You are not required to disclose any arrest, criminal charge or conviction pertaining to a finding of delinquency or an adjudication as a youthful offender that has been erased, dismissed or nulled, or for which you were found not guilty or for which you received an absolute pardon. If criminal records have been erased, you are deemed never to have been arrested.

Where did you learn of the position(s) for which you have applied?

Walk-in Internet Job-line Dept. of Labor Friend / Family
 Newspaper: _____ Professional Journal: _____
 Other: _____