



Chadron Community Hospital & Health Services

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of Chadron Community Hospital & Health Services not to discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. It is also the policy of Chadron Community Hospital & Health Services to take affirmative action to employ and to advance in employment, all persons regardless of race, color, religion, sex, national origin, age, marital status, genetic information, disability or protected veteran status, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship, at all levels of employment.

Employees and applicants of Chadron Community Hospital & Health Services will not be subject to harassment on the basis of race, color, religion, sex, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. Additionally, retaliation, including intimidation, threats, or coercion, because an employee or applicant has objected to discrimination, engaged or may engage in filing a complaint, assisted in a review, investigation, or hearing or have otherwise sought to obtain their legal rights under any Federal, State, or local EEO law is prohibited.

As Human Resources of Chadron Community Hospital & Health Services I am committed to the principles of Affirmative Action and Equal Employment Opportunity. In order to ensure dissemination and implementation of Equal Employment Opportunity and affirmative action throughout all levels of the company Human Resources contains the Equal Employment Opportunity (EEO) Manager duties for Chadron Community Hospital & Health Services. One of the EEO Manager's duties will be to establish and maintain internal audit and reporting systems to allow for effective measurement of Chadron Community Hospital & Health Services programs.

In furtherance of Chadron Community Hospital & Health Services policy regarding Affirmative Action and Equal Employment Opportunity, Chadron Community Hospital & Health Services has developed a written Affirmative Action Program which sets forth the policies, practices and procedures that Chadron Community Hospital & Health Services is committed to in order to ensure that its policy of nondiscrimination and affirmative action is accomplished. This Affirmative Action Program is available in the Human Resources office for inspection by any employee or applicant for employment upon request, during normal business hours. Interested persons should contact Lacy Cleveland, HR Generalist for assistance.

We request the support of all employees in accomplishing Equal Employment Opportunity.

Lacy Cleveland
HR Generalist
308-747-2462 lacy.cleveland@chadronhospital.com



**Chadron Community Hospital
& Health Services**
825 Centennial Drive * Chadron, Nebraska 69337
Telephone: (308) 432-5586 * Fax (308) 432-2737

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

PERSONAL

| | | | |
|-------------------|-------|--------|---------------------|
| Last Name | First | Middle | Social Security No. |
| Present Address | City | State | Telephone Number |
| Permanent Address | City | State | E-Mail |

| | | |
|---|---|--|
| Position Applied For: | | Salary Desired |
| How were you referred to this facility? | | Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
| Relatives or friends employed in this facility? (other than spouse) <input type="checkbox"/> Yes <input type="checkbox"/> No Department: | | Date available for work: |
| Have you ever been employed by this facility? (When?) | Are you over the age of eighteen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Would you consider working any shift: <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends & Holidays: <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No On Call: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Long range occupational Goals: | | Shift Preference: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| Are you prevented from lawful employment because of your visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship of immigration status will be required upon employment.) | | |
| Please indicate visa type or other immigration status. If applicable. Visa type: Other: | | |
| Have you ever been convicted of a crime in the past ten years which has not been annulled or expunged or sealed by a court? in full: | | If yes, describe |

Have you ever been bonded? Yes No If yes, on what jobs?

EDUCATION / SKILLS

| School | Name & Address of School | Course of Study | Check Last Year Completed | | | | Did you Graduate | List Diploma or Degree |
|---|--------------------------|-----------------|---|--------------------------|--------------------------|--------------------------|---|------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| OTHER: Business College, Other Special Courses (Include Special Military Training, Post Graduate and Nursing) | | | | | | | | |
| Area of Specialization or Major Interest: | | | Typing: Approx. WPM Shorthand: Approx. WPM | | | | | |
| List Health Care, Business, or Industrial Equipment Operated: | | | | | | | | |

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS

| | | | | |
|---|-------|---------------|-------|---------|
| Are you currently: <input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified | | | | |
| Eligible for: <input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification | | | | |
| If Licensed, Registered or Certified | Type: | State Issued: | Date: | Number: |
| | Type: | State Issued: | Date: | Number: |
| | Type: | State Issued: | Date: | Number: |

LANGUAGE SKILLS (where related to position sought)

| | | | | | | | |
|-----------|---------|---------------------------------|---------------------------------|-------------------------------|---------------------------------|--------------------------------|---------------------------------|
| Language: | Do You: | <input type="checkbox"/> Speak | <input type="checkbox"/> Fair | <input type="checkbox"/> Read | <input type="checkbox"/> Fair | <input type="checkbox"/> Write | <input type="checkbox"/> Fair |
| | | <input type="checkbox"/> Good | <input type="checkbox"/> Good | | <input type="checkbox"/> Good | | <input type="checkbox"/> Good |
| | | <input type="checkbox"/> Fluent | <input type="checkbox"/> Fluent | | <input type="checkbox"/> Fluent | | <input type="checkbox"/> Fluent |

PREVIOUS EXPERIENCE

We may Contact the employers listed below unless you indicate those you do not want us to contact (by number):

Reason:

| | | | | |
|---------------------|-------|-----------------------|---|---|
| Job Title: | From: | To: | Last Salary: Hourly, Monthly, or Yearly | 1 |
| Employer Name: | | Immediate Supervisor: | | |
| Address: | | Phone: | | |
| Duties: | | | | |
| Reason for Leaving: | | | | |

| | | | | |
|---------------------|-------|-----------------------|---|---|
| Job Title: | From: | To: | Last Salary: Hourly, Monthly, or Yearly | 2 |
| Employer Name: | | Immediate Supervisor: | | |
| Address: | | Phone: | | |
| Duties: | | | | |
| Reason for Leaving: | | | | |

| | | | | |
|---------------------|-------|-----------------------|---|---|
| Job Title: | From: | To: | Last Salary: Hourly, Monthly, or Yearly | 3 |
| Employer Name: | | Immediate Supervisor: | | |
| Address: | | Phone: | | |
| Duties: | | | | |
| Reason for Leaving: | | | | |

| | | | | |
|---------------------|-------|-----------------------|---|---|
| Job Title: | From: | To: | Last Salary: Hourly, Monthly, or Yearly | 4 |
| Employer Name: | | Immediate Supervisor: | | |
| Address: | | Phone: | | |
| Duties: | | | | |
| Reason for Leaving: | | | | |

| | | | | |
|---------------------|-------|-----------------------|---|---|
| Job Title: | From: | To: | Last Salary: Hourly, Monthly, or Yearly | 5 |
| Employer Name: | | Immediate Supervisor: | | |
| Address: | | Phone: | | |
| Duties: | | | | |
| Reason for Leaving: | | | | |

| | | | |
|--|------------------------------|-----------------------------|--------------|
| Did you serve in the U.S. Armed Services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | What branch? |
| Have you volunteered your time or services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Where? |
| Briefly describe duties and skills acquired through volunteer or military service: (include dates) | | | |
| | | | |

REFERENCES

List at least 3 references who are not relatives or employers:

| Name | Relationship | Title | Company Name & Address | Telephone |
|------|--------------|-------|------------------------|-----------|
| | | | | |
| | | | | |
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REMARKS

The facts set forth in my application for employment are true and complete. In the event of employment, I understand that false or misleading information given in my application or interview is sufficient cause for dismissal. I further understand that this applicant is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decided to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one has any authority to enter into any agreement contrary to the foregoing.

I agree to submit to a pre-employment physical and recognize employment is contingent upon successfully meeting Hospital Physical Requirements. If employed, my employment will be on probationary basis for a period of 90 days.

In making this application for employment, I authorize personnel representatives of this facility to contact any of my schools, former employers, or other references unless otherwise stated. This is to be done for the purpose of collecting information and an account of their expertise with me. This inquiry if made may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date: _____ Applicant's Signature _____

Any other information you think might be appropriate: _____

Do Not Fill Out Below Line

FOR OFFICE USE ONLY

| | | | | |
|---|-----------------|-----------------|--|--|
| TO BE COMPLETED AFTER EMPLOYED | | | Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No | See Comments Below |
| References Checked and By Whom: Date: | Reference No. 1 | Reference No. 2 | Reference No. 3 | |
| Personnel Notes (these notes are open to inspection – please keep information factual) | | | | |
| | | | | |
| | | | | |
| If applicant is 18 yrs. old or less, is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Interviewer's Signature | |
| Starting Date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt | | | Completion of Probation / Approved by: Date: | |
| Department | | Cost Center | Signature: | |
| Position / Job Site | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> On Call Status <input type="checkbox"/> Rotation |
| Starting Salary / Grade | | Differential | Shift | Employee Number |
| Notify in Case of Emergency: | Name | Relationship | Address | Telephone |

FOR INTERVIEWER'S USE

| Interviewer | Date | Comments |
|-------------|------|----------|
| | | |
| | | |
| | | |
| | | |

FOR TEST ADMINISTRATOR'S USE

| Test Administered | Date | Raw Score | Rating | Comments and Interpretation |
|-------------------|------|-----------|--------|-----------------------------|
| | | | | |
| | | | | |
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| | | | | |

REFERENCE CHECK

| * Position Number | Results of Reference Check | * Position Number | Results of Reference Check |
|-------------------|----------------------------|-------------------|----------------------------|
| I | | IV | |
| II | | V | |
| III | | | |



Chadron Community Hospital & Health Services

APPLICANT INFORMATION FORM

Date: _____ Position Applied For: _____

Print Full Name: _____

Chadron Community Hospital & Health Services is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law.

This information will be used strictly for statistical record-keeping purposes and will be kept ***confidential***. Providing or not providing the gender/race/ethnic/veteran's status information on this form will neither impact whether or not you are hired, nor will it affect your employment in any manner if you are hired. If you choose not to self-identify, you *must* select the declination box below to move forward with the application process. The person(s) making hiring and personnel decisions will not see this form.

I decline to self-identify.

SEX/GENDER: (Please check the appropriate response.)

Male Female

RACE/ETHNIC GROUP: (Please check the race/ethnic groups with which you most identify.)

- Hispanic or Latino Asian (Not Hispanic or Latino)
- White (Not Hispanic or Latino) American Indian or Alaskan Native (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino) Two or More Races (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Chadron Community Hospital & Health Services is a federal contractor or subcontractor subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 ("VEVRAA"), which requires federal contractors/subcontractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) A "disabled veteran" is one of the following:

- a. A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

b. A person who was discharged or released from active duty because of a service-connected disability.

- (2) A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.
- (3) An “active-duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- (4) An “Armed Forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

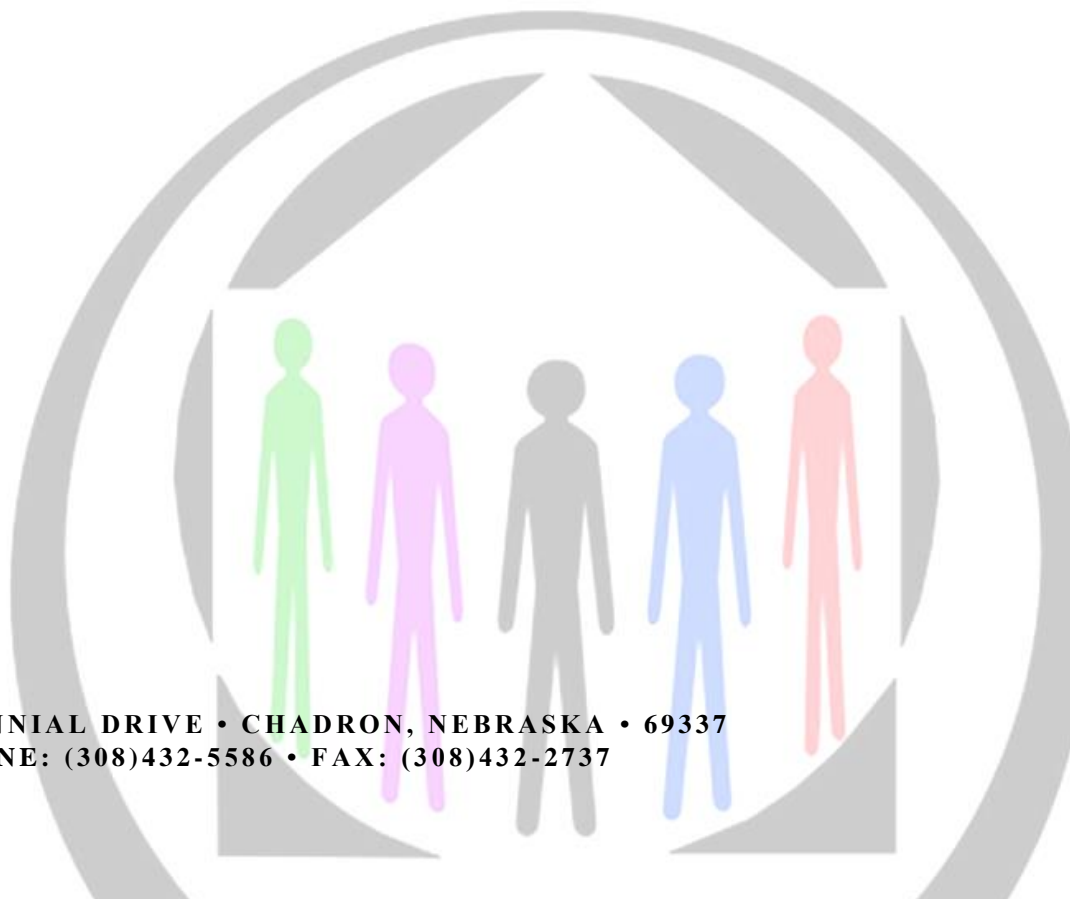
If you believe you are a member of any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a federal contractor or subcontractor subject to VEVRAA, we request this information to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforced the Americans with Disabilities Act, may be informed.

I identify as one or more of the classifications of protected veteran status listed above

I am a protected veteran

I decline to self-identify.



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.ⁱ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.