

Grace Cottage Hospital
P.O. Box 216 Townshend, VT 05353 PH: (802) 365-3738 FAX: (802) 365-3688

APPLICATION FOR EMPLOYMENT

It is the policy of the facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color or any other classification in accordance with federal, state and local statutes and ordinances.

Applicant Name	Date	Are you at least 18 years old? Yes No	Home Phone ()
Present Address			Mobil Phone ()
Previous Address (if at present address less than 12 months)			Email Address

Position(s) for which you are applying: 1) _____ 2) _____		Type of position desired	Shift requested
Salary requirement \$	If your position requires travel, are you willing to do so? Yes No	Per Diem <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	<input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> No <input type="checkbox"/> Night Preference

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No	If overtime is required, does this pose a problem for you? Yes No
Have you ever worked at this facility? Yes No	Are you legally authorized to work in the U.S.? Yes No
	Date you are available for work
	Times you are unable to work

How did you learn about this position? Newspaper () Current Employee () GCH website Internet () Internet Site Name _____

Have you ever been convicted of a crime relating to the position for which you are applying? Yes No
 If "yes", give details in full.

Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program? Yes No

Educational History Check here if you are including this information in an attached resume ()

School	Name and Location of School	Circle last year completed	Degree/certificate and area of study
High School		9 10 11 12	
GED		Graduated/GED Yes No	
College		1 2 3 4	
		Graduated Yes No	
College		1 2 3 4	
		Graduated Yes No	
Graduate School		1 2 3 4	
		Graduated Yes No	
Other		From(Year) To (Year)	

Computer Skills **Please List:** (Example - Microsoft Office 2007) Outlook () Word () Excel () Others: _____

Employment History Check here if you are including this information in an attached resume ()

Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			
Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			
Dates Employed From To	Company Name/Address	Phone Number ()	Immediate Supervisor
Salary \$		Reason for Leaving	
Job Title			
Nature of Duties			

Professional References			
Name	Position	Address	Phone

Professional License(s): List any professional license, registration or certification you possess (including driver's license, if applicable).

Type of license	State issued by	Expiration date	License #

Please review and sign where indicated.

<p>In making application for employment:</p> <p>* I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.</p> <p>* I understand and agree that any Employee Manual, which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies.</p> <p>* I understand that all offers of employment are contingent upon completion of satisfactory criminal records and background checks.</p>	<p>* I agree to immediately disclose to GCH any disbarment, suspension, exclusion or other event that makes me ineligible to participate in any federal health care program or receive a government contract.</p> <p>* I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TIME AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN BE ALTERED ONLY BY A WRITTEN CONTRACT OF EMPLOYMENT, WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE CARLOS G. OTIS HEALTH CARE CENTER, INC.</p>
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Standards OF Behavior Policy Signature Page

I, an applicant for employment at Grace Cottage Hospital, agree that, in the event I am hired at GCH will promise to abide by the Standards of Behavior Policy, as outlined in the Standards of Behavior Policy attached to this application. **(Sign below)**

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

I have read and understand these conditions of employment:

Last Name ,First Name, MI 

Date:

Voluntary Self Identification, EEO form

The information requested is being collected for the purpose of reporting to federal, state and equal employment. The information will not be used in evaluating your application for employment.



STANDARDS OF BEHAVIOR

Appropriate Behavior

- Acknowledge and greet everyone with a smile and eye contact.
- Exhibit positive and productive behaviors while at work.
- Treat everyone with respect and recognize the value of their time.
- Remember that everything we say about OHCC impacts our success.

Appearance

- Work attire should be modest, professional and in accordance with the hospital dress code.
- Identification badges should always be worn, with names visible, while on duty.
- Personal hygiene should be maintained.

Communication

- All communication should be positive, friendly and helpful.
- All communication with co-workers should be constructive and supportive.
- Information about the patient and their care will not be discussed in any public area including hallways, cafeteria or any other area where the conversation may be overheard.
- Greet all visitors with whom you come in contact. Offer to provide directions to those who appear to need them and offer to escort any individual who seems to have difficulty with verbal instructions
- When communicating by telephone, speak clearly, identify yourself and your department and use a helpful tone.
- When providing a service, introduce yourself and explain what you are doing for the customer.
- Remember to be pleasant to all patients and visitors, never make a patient or visitor feel as though they are bothering you.
- Differences with other staff should be discussed in a positive professional manner, in an area away from patients, visitors and other staff who are not involved. Assistance in mediating these discussions is always available from your Department Head, Administration or Human Resources.
- Appropriate language must be used at all times (i.e. no foul language or inappropriate topics)

Patient/Visitor Relations

- Staff has the obligation to maintain the confidentiality of Protected Health Information as detailed in the HIPAA guidelines.



- Staff has the obligation to report breaches of confidentiality to management or the compliance officer.
- Knock before entering a patient room.
- Honor the privacy of a co-worker who is a patient.
- Respond with compassion and respect to a patient, visitor or co-worker's needs.
- Strive to exceed expectations every time for every patient.
- If patients and families must wait, keep them informed regarding the length of their wait.

Service Recovery

- View complaints as opportunities for improvement.
- Apologize to the patient, visitor or co-worker.
- Thank the patient, visitor or co-worker for bringing the complaint or problem to our attention.
- Ask for information about the problem.
- Correct the mistake promptly or if you cannot, contact the person who can.
- If the complaint cannot be resolved at the time of the complaint, or the complaint is in writing, it will be considered a grievance and will be handled according to the OHCC Complaint/Grievance Policy.
- Follow-up with the customer and appropriate department.

Commitment to Co Workers/Sense of Ownership

- Don't participate in rumors or gossip.
- Look beyond assigned tasks and assist co-workers, when possible.
- Be honest.
- Respect the expertise of co-workers in all departments.
- Recognize, acknowledge and learn from your mistakes; do not blame others.
- Honor promises and commitments.
- Welcome and support the success of new employees.
- Resolve issues directly with the most appropriate person in a timely manner.
- Take pride in your work.
- Accept accountability for your work and responsibility for your behavior.
- Recognize and respect that co-workers' time is valuable. Keep your own time commitments by being on time.



STANDARDS OF BEHAVIOR

Signature Page

I, _____ an employee/volunteer of OHCC understand that I am accountable for upholding the Standards of Behavior detailed in this document. I will incorporate these standards into my daily work practices and interactions with others. I realize that my behavior reflects on everyone at OHCC and our image in the community. I understand that my continued employment at OHCC depends on my adherence to these Standards of Behavior. I also understand that we are expected to remind each other of our Standards and to accept corrections offered in a positive manner.

_____ Date



Voluntary Self Identification, EEO Form

The information requested is being collected for the purpose of reporting to federal, state and equal employment opportunity agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

Phone Number () _____

Male _____ Female _____

Position title for which you are applying: _____

Unit/Dept. for position: _____

Select all the following categories with which you identify:

- () White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- () Black or African American (not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.
- () Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- () Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- () America Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North And South America (including Central America) and who maintains tribal affiliation or community attachment.
- () Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- () Two or More Races (not Hispanic or Latino) - A person who identifies with more than one of the above races.

MILITARY SERVICE

Are you a veteran? Yes _____ No _____

If yes, list type of discharge status: _____

Dates of service (from/to): _____ to _____

Are you a surviving spouse of a veteran? Yes _____ No _____

Are you a surviving orphan of a veteran? Yes _____ No _____

If yes, complete dates of service for veteran (from/to): _____ to _____

Signature _____

Date _____

For questions concerning this form, please call 802-365-3738

Grace Cottage Hospital

Grace Cottage Family Health

Messenger Valley Pharmacy

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