



Affiliated with CoxHealth

CLINICAL APPLICATION

Federal and State laws prohibit discrimination in employment because of race, color, creed, age, sex, marital status, national origin, physical or mental impairment or medical condition.

2220 W. Sunset ♦ Springfield, MO 65807 ♦ Phone: 417-269-0650 ♦ Fax: 417-269-0692

LAST NAME:	FIRST NAME:	MIDDLE NAME:	DATE:
_____	_____	_____	_____
CURRENT ADDRESS (number & street)		City	State
_____		_____	_____
Social Security #	Home Phone	Message Phone	E-mail Address (optional)
_____	_____	_____	_____
Will you accept? <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary	Date Available for Work?	Position Applied For?	Have you previously worked in the CoxHealth? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being offered employment documents specified by the Federal Government must be produced establishing your identity and authorization for employment in the United States. These documents must be produced no later than 72 hours after commencement of employment. All new employees are required to sign Form I-9 (issued by the Federal Government, verifying, under oath, your employment authorization).  
Are you a US citizen or alien with legal right to work in the job for which you are applying?  Yes  No

Home Parenteral Services is a <b>drug free</b> work place. If a conditional offer of employment is made, you will be required to take and satisfactorily pass a drug screen within 24 hours of such an offer.	Home Parenteral Services conducts a criminal background check on all new employees during the first day of new employee orientation.
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Since the age of 18 have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain – giving dates and class of felony. _____ <b>Note:</b> A conviction will not necessarily bar you from employment.	Have you ever been involuntarily discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
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Have you entered a plea of guilty, no contest, nolo contendere, or otherwise been convicted of a criminal act involving controlled substances: Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Note: An answer of yes may require that a waiver from the Bureau of Narcotics and Dangerous Drugs be obtained prior to an offer of employment.</b>	Are you on the employee disqualification list maintained by the Department of Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain. _____
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How were you referred to HPS? Newspaper  Employee  Internet  Employment Agency  Other \_\_\_\_\_

School Name	Complete Address	Major	Years Attended	Diploma
High School	_____	_____	_____	_____
Jr. College/College or University	_____	_____	_____	_____
Technical/Vocational	_____	_____	_____	_____
Other details of experience/training, include information on adult education programs with a direct bearing on the position which you are seeking :				

Special License (List only those which you keep current): License: \_\_\_\_\_ State Licensed In: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
License: \_\_\_\_\_ State Licensed In: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Personal References: Please list only those who know you well. Do not list relatives.

Name _____	Address _____	Phone _____
Occupation _____	Organization _____	Years Known _____
Name _____	Address _____	Phone _____
Occupation _____	Organization _____	Years Known _____

Employment History: Beginning with your most recent employer give a complete record of all employment and reasons for periods unemployed during the past ten years, include military service. May we consult your present employer?  Yes  No

Employer's Name, Dates of Employment, Address, Phone	Salary/Position/Supervisor	Reason for Leaving	Verified
Employer: Dates of Employment From:                      To: Address:  City/State/Zip:                                      Phone:	Salary: Position/Nature of Work:  Supervisor:		
Employer: Dates of Employment From:                      To: Address:  City/State/Zip:                                      Phone:	Salary: Position/Nature of Work:  Supervisor:		
Employer: Dates of Employment From:                      To: Address:  City/State/Zip:                                      Phone:	Salary: Position/Nature of Work:  Supervisor:		
Employer: Dates of Employment From:                      To: Address:  City/State/Zip:                                      Phone:	Salary: Position/Nature of Work:  Supervisor:		

**Nursing Experience Checklist** (Check those areas in which you are currently competent and willing to do)

Community Health <input type="checkbox"/>	Inservice Instructor <input type="checkbox"/>	Med/Surg <input type="checkbox"/>	Oncology <input type="checkbox"/>	Recovery Room <input type="checkbox"/>
Comary Care <input type="checkbox"/>	IICU (Med) <input type="checkbox"/>	Neurology <input type="checkbox"/>	OR <input type="checkbox"/>	Rehabilitation <input type="checkbox"/>
ER/Trauma <input type="checkbox"/>	ICU (Surg) <input type="checkbox"/>	Nurse <input type="checkbox"/>	Orthopedics <input type="checkbox"/>	School Health <input type="checkbox"/>
Gerontology <input type="checkbox"/>	IV Therapist <input type="checkbox"/>	Nursery/Newborn <input type="checkbox"/>	Pediatrics <input type="checkbox"/>	Supervisor <input type="checkbox"/>
Hospice Care <input type="checkbox"/>	IV Therapist <input type="checkbox"/>	Occupational Health <input type="checkbox"/>	Pediatric ICU <input type="checkbox"/>	Team Leader/Med <input type="checkbox"/>
Head/Charge Nurse <input type="checkbox"/>	Labor/Delivery <input type="checkbox"/>	Office <input type="checkbox"/>	Psychiatric <input type="checkbox"/>	

**Nursing Tasks and Skills:**

Enteral Therapy <input type="checkbox"/>	IV Catheter Care <input type="checkbox"/>	Infusaport <input type="checkbox"/>	IV Chemotherapy <input type="checkbox"/>
Gastrostomy Tube <input type="checkbox"/>	NG Tube Insertion <input type="checkbox"/>	PICC Placement <input type="checkbox"/>	
Hyperalimentation <input type="checkbox"/>	Venipuncture <input type="checkbox"/>	Central Line <input type="checkbox"/>	

**AFFIDAVIT** I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever, I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records. I hereby release said employers, companies, schools or persons from all liability for any damage, both legal and otherwise, for issuing this information. If accepted for employment, I hereby agree to abide by the rules and policies of my employer.

I authorize any reference source to provide Home Parenteral Services with any and all information concerning my previous work and/or school records and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I further agree that Home Parenteral Services may furnish like information to those with whom I may hereafter seek employment and hereby agree to save Home Parenteral Services free and harmless from any and all liability therefore.

I am aware that a criminal background check will be done as required by Missouri Law. I understand Home Parenteral Services will follow Missouri House Bill 1362 regarding eligibility for employment if I have been convicted of a Class A or B felony.

Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at anytime, at the option of either myself or my employer. In addition, Home Parenteral Services is a Drug Free Work Place and under the Drug Free Work Place Act of 1988, I agree to abide by such established policies as relates thereto. I also understand that **ALL JOB OFFERS ARE CONDITIONAL ON PASSING A REQUIRED DRUG SCREEN WITHIN 24 HOURS OF AN OFFER.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_