

Application for Employment

MISSION STATEMENT

Portneuf Medical Center provides compassionate, quality health care services needed by the people of Eastern Idaho in collaboration with other providers and community resources.



VISION STATEMENT

By 2012, Portneuf Medical Center will be a single campus regional referral center with well-defined Centers of Excellence, serving Eastern Idaho.



VALUES STATEMENT

These beliefs and values are the foundation of our mission and vision:

Compassion

We care for others as if they are members of our own family.

Dignity

We treat every person with respect.

Excellence

We continually improve our services to ensure the highest quality of care.

Education

We maintain a commitment to growth and learning.

Accountability

We use resources wisely to ensure that services are consistently provided at appropriate cost.

Collaboration

We work with others to improve the health status of the community.

Thank you for considering employment opportunities with Portneuf Medical Center.

Portneuf Medical Center has been serving the health care needs of Southeast Idahoans Since 1907. At Portneuf Medical Center, we believe in providing quality health care services for the whole person with competence, understanding, and respect. Portneuf realizes that our employees are our most important resource and should attain professional excellence. Join the Portneuf family where you'll enjoy competitive compensation with excellent benefits!



To enhance your understanding of the employment process at Portneuf Medical Center, please read the following information before completing and submitting your application.

1. For a listing of current position openings, please visit our website at www.portmed.org or our job posting boards.
2. To be considered for employment, you must submit a current application and identify a specific job title and department for a currently posted job.
3. A new application must be submitted for any additional positions for which you wish to be considered in the future.
4. Resumes will only be accepted when accompanied by a completed job application, but are not required.
5. We will contact those candidates for interviews whom we believe best meet the needs and qualifications of the position.
6. All job offers are contingent upon satisfactory reference checks, criminal background investigation, pre-employment drug screen, and clearance through Employee Health.
7. All candidates offered employment will be required to complete mandatory online education courses and attend an all-day hospital-wide Orientation. Clinical and Nursing positions will also be required to attend additional days of mandatory orientation. These Orientation trainings must be completed within one month of hire.
8. Portneuf Medical Center is a drug, alcohol, smoke, and tobacco-free environment. No drug, alcohol, or tobacco use is allowed anywhere on hospital property.

Application for Employment

Thank you for considering employment opportunities with Portneuf Medical Center.

Portneuf Medical Center is committed to a policy of non-discrimination and equal employment opportunity. Please complete all sections of the application in full, rather than stating "see resume." Incomplete applications will not be considered. A specific job title and department for a currently posted position must be identified. All applicants selected for employment with Portneuf Medical Center will be required to satisfactorily pass a pre-employment drug screen, employee health evaluation, and criminal background check. Additionally, mandatory online training and hospital-wide Orientation must be completed within given time frames. Portneuf Medical Center is a drug, alcohol, smoke, and tobacco-free environment. No drug, alcohol, or tobacco use is allowed anywhere on hospital property. Please print.

DATE OF APPLICATION: _____

LAST NAME		FIRST NAME		MIDDLE NAME	
MAILING ADDRESS					
CITY			STATE		ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	EMAIL ADDRESS		

Work Preferences

POSITION(S) APPLYING FOR:

Job Title: _____ Department: _____

Job Title: _____ Department: _____

Job Title: _____ Department: _____

HOURS & SHIFTS WILLING TO WORK:

Classification: Exempt Full-time 7 on/7 off Part-time
 PRN (as needed) Temporary

Number of Hours Desired each Week: _____ Date Available to Start Work: _____

Shifts: Days Evenings Nights

Weekends: Rotating Every None

What is your Minimum Hourly Salary Requirement? _____

HOW DID YOU HEAR ABOUT THIS POSITION?

Internet Site Job Bulletin Board Newspaper Walk-in
 Student Work Experience Past Employment Employment Agency Job Fair
 Professional Journal Other _____ Employee Referral: _____

Personal Information

Have you ever been convicted of a felony or a misdemeanor, or have you ever plead "no contest" to any criminal charges?

Yes No

Provide date, city, state and an explanation for any "yes" responses:

Criminal conviction is not an absolute bar to employment, but will be considered in relation to specific job requirements.

Are you excluded from participating in any federal or state health care program?

Yes No

Do you have any relatives employed by Portneuf Medical Center?

Yes No

If yes, Which Department do they work in and what is your Relationship to them?

Have you ever been employed by, or are you currently employed by, Bannock Regional, Pocatello Regional, or Portneuf Medical Centers?

Yes No

If yes, which Facility? _____ When? _____

What was your Position(s)? _____

Why did you leave? _____

Are you eligible to work in the United States?

Yes No

Are you at least 18 years of age?

Yes No

Skills

Please mark your level of proficiency with each of the following:

Microsoft Word	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Excel	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft PowerPoint	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Access	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Outlook	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Medical Terminology	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Electronic Medical Records	<input type="checkbox"/> No Experience	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

List other specific software programs used: _____

List relevant equipment / machinery operated: _____

List any additional special skills: _____

Licensure/Certifications

List all relevant professional licensures, certifications, or registrations that you have:

LICENSE / REGISTRATION / CERTIFICATION	LICENSE #	STATE	EXPIRATION DATE

Do you have any pending restrictions and/or suspensions on your current professional license/registration?

Yes No

Have you ever been refused professional licensure, or had a license/certification suspended or revoked?

Yes No

If "yes," please explain: _____

Please check all current certifications: **FIRST AID** **BLS/CPR** **ACLS** **PALS**
 NRP **STABLE** **TNCC** **FHM**

List any trade or professional organizations of which you are a member. Include offices held.

Education

Have you graduated from High School or completed the GED equivalent? Yes No

Please list all additional education and degrees that you have received beyond High School. List your highest degree first.

MAJOR	SCHOOL ATTENDED	# OF YEARS COMPLETED	DEGREE EARNED

Are you currently enrolled in school? Yes No

Please list any schedule restrictions you may have for work:

Employment History

How many years of experience do you have directly related to the position for which you are applying? _____

Have you ever been discharged from a job or asked to resign? Yes No

If YES, please explain? _____

May we contact your current employer? Yes No

If No, why? _____

NOTE: If your current or most recent employer is not contacted before an offer of employment is made, then any offer of employment that is made will be subject to Portneuf Medical Center subsequently contacting such employer, and may be withdrawn based on the information received from such employer.

May we contact your previous employers? Yes No

STARTING WITH YOUR MOST RECENT EMPLOYMENT, GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS OF UNEMPLOYMENT FOR THE LAST SEVEN YEARS.

Please complete all sections in full, rather than stating "see resume." Incomplete applications will not be considered.

NOTE: If additional space is needed for your employment record, please ask for an "Employment Record Supplement."

EMPLOYER 1

COMPANY NAME		MAIN PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
SUPERVISOR'S NAME & TITLE		PHONE NUMBER	
YOUR JOB TITLE & MAJOR JOB DUTIES			
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY:			FINAL SALARY
REASON FOR LEAVING		START DATE	END DATE
		MO. YR.	MO. YR.

EMPLOYER 2

COMPANY NAME			MAIN PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR'S NAME & TITLE			PHONE NUMBER	
YOUR JOB TITLE & MAJOR JOB DUTIES				
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY:			FINAL SALARY	
REASON FOR LEAVING	START DATE		END DATE	
	MO.	YR.	MO.	YR.

EMPLOYER 3

COMPANY NAME			MAIN PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR'S NAME & TITLE			PHONE NUMBER	
YOUR JOB TITLE & MAJOR JOB DUTIES				
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY:			FINAL SALARY	
REASON FOR LEAVING	START DATE		END DATE	
	MO.	YR.	MO.	YR.

EMPLOYER 4

COMPANY NAME			MAIN PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP	
SUPERVISOR'S NAME & TITLE			PHONE NUMBER	
YOUR JOB TITLE & MAJOR JOB DUTIES				
IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY:			FINAL SALARY	
REASON FOR LEAVING	START DATE		END DATE	
	MO.	YR.	MO.	YR.

PLEASE DOCUMENT ANY LAPSES IN EMPLOYMENT FOR THE PREVIOUS SEVEN YEARS, STATING DATES AND REASONS: _____

Professional References

Please list at least three additional Professional References. (Please do not list relatives.)

Name	Occupation or Title	Business	Daytime Phone #	Time Known

Pre-Employment Certification and Agreement

I certify that the information I provided in this application and any attached resumes or cover letters is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application or accompanying documents disqualifies me from further consideration, or, if I am employed, is sufficient cause for immediate termination, regardless of when the information is discovered.

I authorize investigation of all statements contained in this application and understand that I may be required to provide verifications (diploma, license, transcripts, type tests, etc.) of information contained in this application.

I authorize any and all persons, companies, or agencies to release to Portneuf Medical Center any and all information they may have which is relevant to the application process. I also release all such parties from any liability that may result from furnishing information to Portneuf Medical Center.

I understand that to be considered as a formal applicant, the position for which I am applying must be specifically identified as open, and recruitment for the position going on at the time this application is received by the Human Resources Department.

I understand that if I am employed with Portneuf Medical Center, my employment will be at-will. As such it can be terminated by me or by Portneuf Medical Center with or without advance notice, at any time, and for any reason not prohibited by law. If I am employed by Portneuf Medical Center, I agree to abide by the policies and rules of my employer that exist currently or that may be changed or developed in the future, and further realize it is my responsibility to review and understand the information contained in the policies and Employee Handbook and to follow the policies described therein. I acknowledge that if I fail to follow such policies, that my employment can be terminated at any time.

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) satisfactorily passing the pre-employment drug screen, employee health evaluation, criminal background and reference checks; and (3) complying with Portneuf Medical Center's pre-employment application procedures.

By either writing or typing my name below and submitting this application to Portneuf Medical Center, I acknowledge that I have read the above Certification and Agreement and agree to abide by its terms.

SIGNATURE: _____

DATE: _____