



YALOBUSHA GENERAL HOSPITAL
Water Valley, Mississippi 38965

Mission Statement

“Yalobusha General Hospital & Nursing Home will Provide Quality Healthcare in a Caring and Financially Responsible Manner to the People of Yalobusha County”

Equal Employment Opportunity Policy: It is the policy and practice of the YGHNH to abide by all anti-discrimination laws provided for by federal, state, and local statutes and regulations. It is also the policy and practice of the YGHNH to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the YGHNH to hire, train, promote, compensate, and administer all employment practices without regard to race, color, religion, sex, national origin, age, marital status, medical condition, veteran status, sexual orientation, or disability unrelated to the ability to perform the essential functions of a job. Furthermore, YGHNH is committed to complying with the American Disabilities Act. If you believe you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact that you have a disability, please notify YGHNH within three (3) days of your application of your specific needs for a reasonable accommodation so that YGHNH can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job process, YGHNH reserves the right to require the applicant to furnish documentation from an appropriate professional (e.g., a doctor, rehabilitation counselor, etc.) confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation is requested.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely.

(PLEASE PRINT CLEARLY)

PERSONAL

NAME

Last First Middle Initial Social Security#

POSITION
DESIRED

Date
Applied

CURRENT
ADDRESS

No. Street Apt. City Co. State Zip Code

How long have you lived at this address? _____ If less than 5 years, please write your
previous address _____

HOME TELEPHONE NO () _____ Alternate NO. () _____

Are you 18 years of age or older? _____ Yes _____ No

If hired. Can you provide proof of legal age? _____ Yes _____ No

If hired, will you be able to furnish proof of your legal right to reside and work in the US? _____ Yes _____ No

Have you ever worked or attended school under another name? _____ Yes _____ No

(Required for verifying education, employment records and references) If yes, name _____

Do you have a current driver's license? _____ Yes _____ No If yes, what state issued? _____ # _____

Hourly or annual salary requirement \$ _____ Are you available to work: _____ FULL TIME

_____ PART TIME

**** Continue on Reverse****

Hours Available: _____ Shift Preference: _____

Date Available: _____ Are you available to work overtime if required? _____

Have you previous filed an application or worked with us? _____ If yes, when? _____

In the last seven years, have you been convicted of a felon or any other offense other than a minor traffic offense?
_____ Yes _____ No If yes, explain: _____

NOTE: An answer of "yes" will not disqualify any applicant for consideration for a job; rather, such information is only relevant to the job application process in terms of whether or not the convictions (s) has a direct relationship to the job for which you are applying and whether it would pose an unreasonable risk to property, safety, employees, patients, or residents.

RECORD OF EDUCATION

Type	Name & Location of School	No. of Years Attended	Degree Awarded	Major Field
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Trade, Business	_____	_____	_____	_____

If Applicable, show Classification: _____ RN _____ LPN/LVN _____ Certified Nurse Aide

License # _____ Renewal # _____ State Issued _____ Expiration _____

Copy of Nursing License must be Provided

Many of the positions which Yalobusha General Hospital & Nursing Home has available require, as essential job functions, that the employee lift, turn or move patients/residents or medical equipment. These positions may also require, as essential job functions that the employee assist a patient/resident in turning, standing, walking or sitting. If you accept a position that requires the employee to perform these essential job functions, can you perform them with or without accommodation?

_____ Yes _____ No

If no, please describe all of the duties that you are unable to perform and what accommodations may be necessary

MILITARY SERVICE RECORD

Have you ever served in the armed forces? _____ Yes _____ No If yes, what branch _____

List duties in the service including special training _____

PERSONAL REFERENCES (Do not list relatives)

NAME	ADDRESS	TELEPHONE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT
(Please Read Carefully)

In the event of my potential employment, I understand, agree, and acknowledge that (1) any false, omitted, or misleading information provided by me either in my resume, on this job application form, or in interviews may result in my discharge at any time in the future; (2) I am required to abide by all personnel policies, rules, and regulations of YGHNH if I am hired; (3) I authorize the investigation of all statements by the YGHNH and/or its agents contained in this application, my resume, or made during any interview as may be necessary in arriving at any employment decision with respect to my application; (4) This application shall be considered active for a period of time not to exceed 60 days, and should I wish to be considered for employment beyond this time period, I agree to submit an additional application in the future; (5) I consent to a pre-employment drug screen, and I acknowledge that if at any time YGHNH learns that the drug screen yields a positive result, the YGHNH may withdraw and revoke any offer of employment; (6) I understand a favorable report on my physical exam must be received; (7) I also understand my acceptance as a full time employee is after the expiration of a 180 day probationary period; (8) I understand, agree, and acknowledge that any employment relationship that may result from this application will be of an "at-will" nature only, which means that I may resign at any time and for any reason and that the facility may terminate my employment at any time and for any reason with or without cause. I also understand, agree, and acknowledge that no employee of the facility has any authority whatsoever to make any promises or arrangements with me that changes the "at-will" nature of any employment relationship that may result between myself and the facility; (9) I certify that all answers and information given herein are true and complete to the best of my knowledge.

Applicant's Initials _____

SIGNATURE _____

DATE _____

******Complete Employment History******
on
Back

YALOBUSHA GENERAL HOSPITAL & NURSING HOME

EMPLOYMENT HISTORY FOR THE PREVIOUS 5 YEARS

List below all present and past employment, beginning with your most recent. You may attach a resume to the application, but it is essential that all of the following questions be answered.

Present

Employer: _____ **Position:** _____

Address: _____
Street City County State Zip Code

Supervisor: _____

Telephone No. () _____ **Employment Dates: From** _____ **To** _____

Describe duties in detail: _____

Reason for Leaving? _____ **Annual or Hourly Earnings** _____

Past

Employer: _____ **Position:** _____

Address: _____
Street City County State Zip Code

Supervisor: _____

Telephone No. () _____ **Employment Dates: From** _____ **To** _____

Describe duties in detail: _____

Reason for Leaving? _____ **Annual or Hourly Earnings** _____

Past

Employer: _____ **Position:** _____

Address: _____
Street City County State Zip Code

Supervisor: _____

Telephone No. () _____ **Employment Dates: From** _____ **To** _____

Describe duties in detail: _____

Reason for Leaving? _____ **Annual or Hourly Earnings** _____

Past

Employer: _____ **Position:** _____

Address: _____
Street City County State Zip Code

Supervisor: _____

Telephone No. () _____ **Employment Dates: From** _____ **To** _____

Describe duties in detail: _____

Reason for Leaving? _____ **Annual or Hourly Earnings** _____