

**Hind General Hospital LLC**  
***Application for Employment***

Date \_\_\_\_\_

Hind General Hospital LLC does not discriminate against any individual on the basis of race, color, national origin, religion, sex, age, or disability that does not prevent performance of the essential functions of the positions, with or without a reasonable accommodation, and does not tolerate unlawful harassment of any kind.

NAME: \_\_\_\_\_  
(Last) (First) (Middle) Social Security No.

Present Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Salary Expected \_\_\_\_\_

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (number of hours willing to work in a week? \_\_\_\_\_)

\_\_\_\_\_ Reserve/On-Call \_\_\_\_\_ Temporary (which months are you available \_\_\_\_\_)

Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No Are you eligible to work in the U.S.? \_\_\_ Yes \_\_\_ No

All applicants tentatively selected for a position will be required to submit to a urinalysis to screen for illegal drug use prior to appointment.

Shifts you will consider: \_\_\_ Days \_\_\_ Evenings \_\_\_ Nights \_\_\_ Rotating

Days and hours available: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun.

Date Available to Start Employment: \_\_\_\_\_

Have you ever worked for this Organization before? \_\_\_ Yes \_\_\_ No

If yes, when \_\_\_\_\_

Have you ever applied to this Organization before? \_\_\_ Yes \_\_\_ No

If yes when \_\_\_\_\_

List any qualifications or skills that you possess that would be beneficial to this position (computer skills, insurance billing etc)

\_\_\_\_\_  
\_\_\_\_\_

Have the essential functions of the job been explained to you? \_\_\_ Yes \_\_\_ No

Do you understand the essential job functions? \_\_\_ Yes \_\_\_ No

Are you able to perform the essential job functions of the job, with or without reasonable accommodations for any disability? \_\_\_\_ Yes \_\_\_\_ No

**EDUCATION: List high school, trade school, college, graduate school, etc**

School	Name & Location of School	# Of Yrs Completed or Credit Hours	Graduate?	Degree Earned
High School				
College				
Graduate School				
Other				

**PROFESSIONAL LICENSE/REGISTRATION/CERTIFICATION**

Type Of License/Registration/Certification	State	Number	Expiration Date

If you do not have a license, have you applied for one? \_\_\_\_ Yes \_\_\_\_ No

If an examination is required, what date are you scheduled to take the exam? \_\_\_\_\_

If not licensed in Indiana, have you applied for reciprocity? \_\_\_\_ Yes \_\_\_\_ No

Has anyone ever complained to a Licensing Agency or Board about you? \_\_\_\_ Yes \_\_\_\_ No

If yes please explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a claim against your license/registration or has it ever been revoked, suspended or restricted? \_\_\_\_ Yes \_\_\_\_ No

If yes please explain in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES:** Please list below the names, addresses, and phone numbers of three (3) people who are not related to you, whom have known you for at least one year and are familiar with you work ability.

**REFERENCES**

Name	Address, City/State Zip	Telephone Number
1.		
2.		
3.		

**CURRENT/PAST EMPLOYMENT(Starting with the most recent)**

From Mo/Yr To Mo/Yr	Name & Address of Employer	Supervisor	Position	Salary	Reason for Leaving

**MAY THE HOSPITAL CONTACT YOUR CURRENT EMPLOYER, \_\_\_\_ Yes \_\_\_\_ No**

**LIST ANY OTHER EMPLOYMENT NOT LISTED ABOVE INCLUDING ANY MILITARY TIME:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of **any** criminal offense (excluding misdemeanor traffic offenses)  
Yes\_\_\_No\_\_\_

Have you ever been charged with malpractice, breach of duty, or failure to meet the requirements of your job duties in either or both a court of administrative proceeding, under federal, state or local laws, ordinances or regulations? Yes\_\_\_\_\_ No\_\_\_\_\_

Has the secretary of Health and Human Services found you to be in default of scholarship obligations or loans in connection with health professions education made or secured, in whole or in part by the Secretary of Health and Human Services? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever had any adverse legal actions imposed by Medicare or any other legal agency or program against you? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever signed a non-compliance agreement? Yes\_\_\_\_\_ No\_\_\_\_\_

If your answers to any of the foregoing five questions are yes, please provide all facts and circumstances, including but not limited to dates of the events and names, addresses, and telephone numbers of persons who have information of relevance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge and agree that all the information provided by me in support of my application is true and complete. I authorize Hind General Hospital, LLC to verify any of the information concerning my employment, education, or credit history with appropriate persons, entities, or governmental agencies, and I hereby authorize them to release such information, as Hind General Hospital requires, including the entirety of my prior employment record, without any obligation to give me notice or disclosure. I further authorize Hind General Hospital to release any information requested by any of my prospective or subsequent employers, without any obligation to give me notice of such disclosure. I hereby release Hind General Hospital and all other persons or entities from any liability whatsoever which arises as a result of such inquiries and disclosures. I agree that any false or incomplete information provided by me in support of my application will subject me to discharge at any time during the period of my employment. If hired, I understand that employment at Hind General Hospital is at-will in nature, meaning that the Hospital or I may terminate the relationship at any time, with or without notice, and I understand that this arrangement may only be altered in writing which is signed by the Executive Director of the Hospital after approval by the Board of Directors. I also understand that if offered employment, I may be required to obtain a pre-employment physical and/ or tests to detect either or both illegal drug or alcohol use, which tests may be administered during my employment on either or both random or reasonable suspicion basis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

Hind General Hospital does not permit private practice arrangements, unless prior approval is obtained in a written agreement signed by the Executive Director, upon approval of the Board of Directors.