

EMPLOYMENT
(BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT)

DATES OF EMPLOYMENT			EMPLOYER'S NAME (PRESENT OR LAST EMPLOYER)	STARTING SALARY	ENDING SALARY
FROM TO	MONTH	YEAR	EMPLOYER'S ADDRESS / ZIP CODE / PHONE NO.	JOB TITLE:	
			SUPERVISOR'S NAME/TITLE:	DUTIES:	
			REASON FOR LEAVING:	YOUR NAME IF DIFFERENT FROM PRESENT:	
DATES OF EMPLOYMENT			EMPLOYER'S NAME (PRESENT OR LAST EMPLOYER)	STARTING SALARY	ENDING SALARY
FROM TO	MONTH	YEAR	EMPLOYER'S ADDRESS / ZIP CODE / PHONE NO.	JOB TITLE:	
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			REASON FOR LEAVING:	YOUR NAME IF DIFFERENT FROM PRESENT:	
MAY WE REQUEST A JOB REFERENCE FROM YOUR EMPLOYERS?			PAST:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR ASKED TO RESIGN?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				PRESENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS

HAVE YOU EVER BEEN ASSOCIATED WITH NFCH IN ANY EMPLOYMENT CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", WHEN AND NAME OF DEPARTMENT:		ARE YOU A RELATIVE OF ANYONE WORKING FOR NFCH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME, RELATIONSHIP AND DEPARTMENT:	
ARE YOU CURRENTLY A SMOKER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A LAW VIOLATION? DATE OF CONVICTION:			
<input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF OFFENSE: _____ WHERE CONVICTED? _____ _____ CITY: _____ STATE: _____			
NOTE: A CONVICTION DOES NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT.			

1. I understand that this application is not an offer of employment and that by accepting my application the hospital does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, the hospital reserves and retains the right to make such changes in the terms and conditions of my employment as the hospital determines to be necessary or appropriate.
2. In consideration of my potential employment, I agree to conform to the rules of Northwest Florida Community Hospital. I understand and agree that my future employment is not for any guaranteed length of time and that both the Hospital and I have the freedom to terminate the employment relationship whenever either chooses to do so.
3. I declare that all statements entered on this application are true to the best of my knowledge, and any misrepresentations will be cause for my rejection or dismissal. I authorize Northwest Florida Community Hospital to obtain information on my previous employment, education background and references as deemed necessary to determine suitability for employment and release my former employers from any liability on the information they may give. I agree to a pre-employment physical examination prior to beginning employment.
4. I understand and agree that all accounts due Northwest Florida Community Hospital for which I am responsible will be paid prior to my leaving its employ. I understand and agree that all unpaid wages and salaries can be applied to any account due the Hospital for which I have assumed responsibility, including any Hospital property assigned to me; and I further agree that arrangements to liquidate any indebtedness to the Hospital will be made before I leave the premises.
5. I understand that if cause exists to believe I am under the influence of alcohol, drugs, or other substances, I will be required to submit to a blood/urine test; and that refusal or failure to do so will result in immediate discharge.
6. I understand that this employment application and any other hospital documents are not intended and should not be construed as a contract of employment, either expressed or implied. If I am offered and accept a job, the provisions of paragraphs two (2), four (4), and five (5) above will apply to my employment.

DATE

APPLICANT'S SIGNATURE

EQUAL OPPORTUNITY EMPLOYER

STANDARDS OF CONDUCT

ACCOUNTABILITY

- ❖ Take responsibility for my actions.
- ❖ Be sincere in my actions and communications.
- ❖ Strive to be an excellent performer.
- ❖ Give excellent care at all times to patients and families.
- ❖ Follow NFCH's policies on Confidentiality, Communications Technology and Security.
- ❖ Comply with applicable laws, regulations and Corporate Responsibility Program.

APPEARANCE

- ❖ Represent NFCH at all times and circumstances in a neat and professional appearance and manner.
- ❖ Adhere to NFCH's established dress code policy.

CARING AND COURTESY

- ❖ Remember I am a "guest" in our patients and families room or place of residence and will respect their privacy at all times.
- ❖ Respond to our patients/customers in a timely, courteous manner.
- ❖ Always be courteous, listen to patients/customers and be sincere.
- ❖ Answer calls and inquiries promptly and take action to solve problems.
- ❖ Respect patient and family, co-workers' beliefs and culture.
- ❖ Treat co-workers with dignity, respect and promote a professional and courteous work environment.

COMMUNICATION AND TRUST

- ❖ Introduce myself to patients and families, explain what I am going to do before doing it, and use key words at key times to instill trust and reduce anxiety. I will promote the qualifications of other staff and volunteers whenever appropriate.
- ❖ Be pleasant, sincere and make eye contact when communicating to patients and families or co-workers.
- ❖ When answering the phone or leaving a message, use my name and department; listen carefully and avoid interruption or foster open communication.
- ❖ Answer all questions directed to me and when unable, find out the answer or clearly explain what follow-up may be anticipated.
- ❖ End conversations with "Is there anything else I can do for you?"
- ❖ Always say NFCH.

TEAMWORK

- ❖ Be committed to the greater good of the NFCH Team.
- ❖ Be patient and understanding when working with other departments and clearly communicate my needs so that they may work cohesively to meet them.
- ❖ Coordinate well with co-workers or departments to facilitate timely and safe transition of our patients through the care process.
- ❖ Pay attention to other co-worker's when they are experiencing difficulties or are under pressure to complete work and offer to lend a helping hand.
- ❖ Be supportive and give positive, constructive feedback rather than being critical or judgmental.
- ❖ Decrease patient and family anxiety and reinforce teamwork by "managing up" co-workers.

SENSE OF OWNERSHIP

- ❖ Possess and demonstrate a sense of ownership to NFCH, our patients, families, co-workers and customers.
- ❖ Take responsibility to grow professionally and personally.
- ❖ Be dependable, trustworthy, responsible and approachable in my interactions with co-workers and with customers.
- ❖ Take responsibility for my actions and recognize my work as a reflection of myself and NFCH.
- ❖ Take ownership of issues by initiating resolution when recognizing that something needs to be done.
- ❖ Demonstrate a commitment to safety and safety awareness.
- ❖ Take ownership of the physical facility in which I work by treating it as I would treat my own home.

ATTITUDE

- ❖ Maintain a positive, helpful attitude at all times.
- ❖ Treat co-workers with the same attitude and respect with which I treat our patients, families and community.
- ❖ Avoid gossip and spreading negativity to others.
- ❖ Work together to create a pleasant environment.
- ❖ Be flexible, open to change and seek ways to constantly improve.

I, _____, have read and promise

to follow the above Standards of Conduct.

Associate Signature: _____

Date: _____