



1360 Brickyard Road ♦ PO Box 889

Chipley, Florida 32428

(850) 638-1610

www.nfch.org

Application for Employment

Northwest Florida Community Hospital

is an Equal Opportunity Employer

For Personnel Use Only

PERSONAL INFORMATION

TODAY'S DATE		POSITION APPLYING FOR (ONE POSITION PER APPLICATION)			E-Mail Address	
LAST NAME		FIRST NAME		MIDDLE NAME	SOCIAL SECURITY NUMBER	
STREET ADDRESS			CITY	STATE	ZIP	
ARE YOU AT LEAST 18 YEARS OF AGE?		WHEN CAN YOU BEGIN?		PHONE NUMBER		
				HOME:	CELL:	
WORK AVAILABILITY <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON-CALL				SPECIFY DAYS AND HOURS WILLING TO WORK		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED																			
FIRST THROUGH EIGHTH GRADE								HIGH SCHOOL				COLLEGE				GRADUATE SCHOOL			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	1	2	3	4
TYPE OF SCHOOL		NAME & ADDRESS					GRADUATE YEAR				DEGREE				MAJOR				
ELEMENTARY																			
HIGH SCHOOL (GED)																			
NURSING SCHOOL																			
COLLEGE OR UNIVERSITY																			
COLLEGE OR UNIVERSITY VOCATIONAL TECHNICAL BUSINESS																			

U.S. MILITARY

TYPE OF DUTY				TYPE OF DISCHARGE			
ARE YOU A MEMBER OF THE RESERVE OR NATIONAL GUARD?				LIST OF SERVICE SCHOOLS			
FROM: _____ TO: _____							

LICENSES & SPECIAL SKILLS

LIST THE NUMBER, EXPIRATION DATE, AND STATE OF ISSUANCE OF ANY PROFESSIONAL OR OCCUPATIONAL LICENSE YOU HOLD:							
LIST ANY LABORATORY OR SHOP EQUIPMENT YOU OPERATE:							

EMPLOYMENT

(BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT)

DATES OF EMPLOYMENT			EMPLOYER'S NAME (PRESENT OR LAST EMPLOYER MOST CURRENT)	STARTING SALARY	ENDING SALARY
FROM TO	MONTH	YEAR	EMPLOYER'S ADDRESS / ZIP CODE	JOB TITLE:	
			PHONE NUMBER	DUTIES:	
			SUPERVISOR'S NAME/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:	
			PHONE NUMBER	DUTIES:	
			SUPERVISOR'S NAME/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:	
			PHONE NUMBER	DUTIES:	
			SUPERVISOR'S NAME/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:	
			PHONE NUMBER	DUTIES:	
			SUPERVISOR'S NAME/REASON FOR LEAVING:	YOUR NAME IF DIFFERENT FROM PRESENT:	

MAY WE REQUEST A JOB REFERENCE FROM YOUR EMPLOYERS? PAST: YES NO PRESENT: YES NO
 HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR ASKED TO RESIGN? YES 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



“We Treat You Better Than Family”

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 and 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 our established dress code policy.

CARING AND COURTESY

- ❖ Remember I am a “guest” in our patients and families place of residence and will respect their privacy at all times.
- ❖ Respond to our customers in a timely, courteous manner.
- ❖ Always be courteous, listen to 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 & TRUST

- ❖ Always 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 to 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.
- ❖ Say, “Is there anything I can do for you right now that will make you feel better?” End conversations with “Is there anything else I can do for you?”
- ❖ Always say, “Thank you for choosing Northwest Florida Community Hospital.

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-workers 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 the organization, 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 external 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.
- ❖ Give support and compliments 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/Volunteer signature _____

Date _____

