

Grace Hospital



Cleveland Clinic affiliate

**APPLICATION
FOR
EMPLOYMENT**

**2307 West 14th Street
Cleveland, Ohio 44113
(216) 687-4017**

Fax 216-687-4027

Email: mail@gracehospital.org

APPLICANT INFORMATION

POSITION APPLIED FOR _____ DATE ____/____/____

NAME _____ TELEPHONE _____
 (Last) (First) (Middle)

ADDRESS _____
 (Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER _____ E-mail Address: _____

I am interested in: (circle) Full-time Part-time Temporary PRN Date available: _____

I am interested in: (circle) 1st shift 2nd shift 3rd shift Weekend Program: _____ Other: _____

How were you referred to Grace Hospital: (circle) Ad Person Agency Website: _____ Other: _____

Name(s) of friends/relatives employed by Grace Hospital: _____

Have you worked for Grace Hospital before: YES NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Are you legally eligible for employment in the United States? YES NO

(Form 1-9 will be completed as part of the employment process)

Were you ever in the Armed Forces? YES NO If yes, what Branch and when? _____

Have you, since the age of 18, been convicted of or plead guilty to a misdemeanor or felony charge that has not been expunged or sealed by the court? YES NO

If yes, please explain in detail, give dates, and the outcome: _____

NOTE: A conviction will not necessarily disqualify an applicant from consideration for employment. However, if hired, omission of any information may result in immediate termination.

Have you ever been sanctioned by a Medicare/Medicaid Program or debarred, suspended or excluded from any other Federal Agency or Program? YES NO

If yes, supply dates of sanction. _____

Date of reinstatement. _____

EMPLOYMENT HISTORY - List below all present and past employment, beginning with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Starting Pay:	Ending Pay Rate:
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Starting Pay:	Ending Pay Rate:

EMPLOYMENT HISTORY (cont'd)

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Starting Pay:	Ending Pay Rate:
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		Starting Pay:	Ending Pay Rate:

Please explain any gaps in your employment history:

May we contact your present employer for a reference? Yes No

Were you discharged for cause by any of the above employers? Yes No

SKILLS AND QUALIFICATIONS — Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with Grace Hospital (i.e. office machines, typing rate, shorthand speed):

EDUCATIONAL BACKGROUND

NAME & LOCATION	ACADEMIC MAJOR	YEARS COMPLETED	DIPLOMA?
High School			
College			Degree Received
Other			

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

TYPE	STATE ISSUED	DATE	NUMBER
TYPE	STATE ISSUED	DATE	NUMBER

PROFESSIONAL ORGANIZATIONS:

REFERENCES	OCCUPATION & ORGANIZATION	ADDRESS	TELEPHONE
NAME			
NAME			
NAME			

AFFIDAVIT:

I certify that my answers to all of the above sections of this application are true. I recognize that if hired by Grace Hospital that my employment at any time in the future is subject to termination without notice should any of the above statements be found false or inaccurate. I hereby agree to submit to medical examinations, including drug testing, both as a condition of employment following an offer of employment and as a condition to continued employment.

I understand that my employment is "at will" and therefore I may terminate my relationship with Grace Hospital at any time for any reason. I also understand that Grace Hospital expressly reserves the right to terminate my employment at its sole discretion, with or without just cause. I understand that neither this Application for Employment nor any other communications by a management representative is intended to, in any way, create a contract of employment.

Signature: _____ Date: _____

**DISCLOSURE AND AUTHORIZATION OF BACKGROUND INVESTIGATION
PURSUANT TO THE FAIR CREDIT REPORTING ACT ("FCRA")**

I have been informed by GRACE HOSPITAL (the "Employer") that in order to obtain further information for use in reviewing my background and/or qualifications as part of its investigation and evaluation of me for employment, promotion, reassignment and/or retention as an employee, it may now or later during the course of my employment obtain a "consumer report" or an "investigative consumer report" from a "consumer reporting agency", as defined in the FCRA, and that any such reports may include information bearing upon my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and/or mode of living. The Employer may also obtain information contained in employment records, educational records, military records, court records, credit records, driving records, governmental occupational licensing or registration records and/or criminal records. I understand that any investigation may additionally include interviews with references or others, and that I have the right to request disclosure of the nature and scope of any report which involves personal interviews, as well as a written summary of the rights of consumers under the FCRA. I further understand that if the Employer considers any information in a consumer report when making an employment-related decision that directly and adversely affects me, I will be provided with a copy of the consumer report and a summary of my rights under the FCRA. I understand that I may contact the Federal Trade Commission about my rights under the FCRA.

AUTHORIZATION

I have read the Fair Credit Reporting Act Disclosure set forth above and I hereby voluntarily authorize the Employer, or any of its agents, to conduct an investigation and obtain a consumer report or investigative consumer report of my background and qualifications. I also voluntarily authorize the release of any information pertaining to my background and qualifications, including those categories of information listed above, whether the information is of public record or not, and I authorize the Employer to consider any such report when making employment-related decisions regarding me. This authorization shall remain effective for any future investigations by the Employer.

Signature _____ Date _____

**DISCLOSURE AND AUTHORIZATION OF BACKGROUND INVESTIGATION
PURSUANT TO THE FAIR CREDIT REPORTING ACT ("FCRA")**

Please complete the following information: (PLEASE PRINT)

First Name

Last Name

Current Address

Years at this Address

City

State

Zip

Previous Address

Years at this Address

City

State

Zip

--

Social Security Number

//

Date of Birth

Driver's License Number

State

Grace Hospital Standards of Performance

The following set of performance standards have been developed to define specific behaviors that all Grace Hospital employees are expected to consistently exhibit. Please read and sign :

Attitude

Create a lasting impression; Welcome everyone in a friendly manner; Act professional; Smile and introduce yourself; Meet customers' needs immediately or take them to someone who will; Apologize for problems and inconveniences; Thank patients for choosing our hospital; Treat everyone as if he or she is the most important person in our hospital. Disruptive Behavior will not be tolerated.

Appearance ~ Personal

Look professional; Wear identification badge at all times; Maintain good personal hygiene; Take pride – keep it clean

~ Work Area

Return all equipment to its proper place; Maintain a safe work environment; Utilize approved and available safety devices; Report/correct safety hazards as appropriate; Protect backs when lifting, pushing, pulling or carrying by asking for help and/or utilizing available equipment; Use all machinery and equipment appropriately; Follow isolation precautions; Use protective equipment and clothing; Be prepared - know the correct actions to take for all codes.

Communication ~ Telephone Etiquette

Answer all calls within three rings; When answering calls, identify the department and yourself in a clear, friendly tone; Ask all callers, "How may I help you?" Ask permission before placing a caller on hold and wait for a response; Prior to transferring a call, give the caller the extension number being transferred to; Use "please" and "thank you" in all conversations.

~ Workplace Etiquette

Greet all visitors in a courteous and timely manner; If someone appears to need directions, offer to help; Escort customers to their destination or find someone who can; When escorting someone, be polite and respectful; Smile and greet everyone in the workplace.

~ Call Light Etiquette

Anticipate patient needs by always asking patients prior to leaving the room, "Is there anything else I can do for you? I have the time." Acknowledge all call lights in a timely manner; When answering call lights, ask the patient, "How may I help you?" Notify the appropriate caregiver to respond to the patient's request; Frequently check on patients and family throughout the shift.

Privacy

Discuss private matters in a private area; Talk as though everything is confidential; Always knock before entering; When providing patient care, close curtains and doors; Provide patients with adequate covering to maintain patient dignity; Explain to patients what you are doing to maintain their privacy; Respect our patients, employees, and visitors privacy by eliminating gossip within our hospital and community; Keep patients' medical records confidential; Coach in private, commend in public.

Noise

Use the intercom/paging system between 8 am and 9 pm only, respond in person during all other hours; Avoid yelling down the hallway or from the nurse's station when trying to get someone's attention; Keep the volume of conversations down; Avoid congregating activities, especially at the desk/nursing areas; Close patient's room door if you know the noise is unusually loud; Be aware of noise caused by equipment malfunctions (i.e. squeaky carts or door hinges, slamming chart boxes); Housekeeping activities are to be performed during morning and afternoon hours (i.e., vacuuming outside patient room)

Commitment to Co-Workers

All for one and one for all; Create a culture that helps people feel appreciated, included and valued; Treat others as you wish to be treated; Before you say something, think - is it kind, necessary and true?; Hold each other accountable (in a respectful manner) for meeting our Standards of Performance; Ask co-workers, "What can I do to help?" Welcome new employees by being supportive; If you are on the Grace Team, you are not alone.

Customer Waiting

At your service/no waiting; Acceptable waiting time for pain medication is 15 minutes; Acceptable waiting time for bedpan/urinal is 5 minutes; Inform and apologize if there is a delay; Never imply the patient is imposing on you; Update family members while the patient is undergoing a procedure/test.

Sense of Ownership

Take pride; Be sure you know, understand, and accept the responsibilities of your job; Strive to do the job right the first time; Look for ways you can help beyond your assigned tasks; Job descriptions are guidelines for duties, but the purpose of the practice is to meet patient needs; Keep costs down by eliminating waste; It is never acceptable to say, "It is not my job" or "It is not my patient" - if you are unable to meet a request or help the patient or customer, find someone who can.

Smoke Free Hospital

The use of any tobacco product, including cigarettes, cigars, pipes, and chewing tobacco, is not permitted in any area of the Hospital or on Hospital or host hospital grounds by employees, patients, or any other person; Smoking is prohibited inside all Grace Hospital locations, the host hospitals, and on the grounds of each; Smoking in an employee's automobile is also prohibited while on the grounds or while in the host hospital's parking garage.

I have read and understand the Standards of Performance outlined above. I understand that, should I be hired by Grace Hospital, I will be expected to adhere to and practice the behaviors described therein, and failure do so may result in disciplinary action up to and including termination of employment.

I further understand that my signing of this acknowledgement of the Standards of Performance is not intended to, and in no way creates, an offer of employment. Further, should I be offered and accept employment at Grace Hospital, the signing of this acknowledgement will in no way alter the at-will basis of employment. I may terminate my relationship with the Hospital and the Hospital may terminate its relationship with me at any time and for any reason or for no reason at all.

Applicant's Signature

Date

Print Name

