



Information for Job Applicants

Thank you for considering Central Peninsula Hospital and Heritage Place for employment. Please read the following brief overview of the application and hiring process for staff positions before completing and submitting your application documents.

1. **The application process is a test** of your ability to understand and follow written instructions provided on the application, job posting, and this information sheet. If all required application material is not completed thoroughly when submitted, you will not be considered for the position. Your application package represents you and is used by the hiring department to determine those applicants that will be given consideration. It is important to be very thorough in the application process.
2. **Applications are accepted until a position is filled.** A separate and complete application package must be submitted for each position vacancy. Photocopies are acceptable. You may submit your completed application material by email to HR@cpgh.org, by fax to (907)714-4974, by mail or personal delivery to Human Resources, Central Peninsula Hospital, 250 Hospital Place, Soldotna, AK 99669. Each application must specify the exact position title of the position that you are applying for. Application packets and job postings may be obtained at www.cpgh.org, in Human Resources, mailed to you by calling our office at (907) 714-4773 or calling (888) 565-4404.
3. **For full consideration, make certain that your application material provides a complete and detailed description of your work experience.** It is to your benefit to be as thorough as possible, as this information will be used to determine if you meet the qualification for the position. In addition to your completed application, a letter of interest, a resume, and/or letters of recommendation may be attached, even if they aren't required. Although you may attach a resume, it is still necessary to complete the Employment History on the application form. Incomplete applications will not be processed.
4. **All applications of qualified applicants meeting the minimum qualifications are forwarded to the hiring departments for further consideration.** This process takes approximately two weeks to complete. Applicants determined to be the most qualified for the position will be contacted by telephone or email for an interview. Before making a formal job offer reference checks, background verification and drug screen will be conducted. The interview team makes the final selection and forwards the decision to Human Resources.
5. **Under federal law, Central Peninsula Hospital/ Heritage Place may only hire individuals who are legally able to work in the United States.** Applicants must provide proof of U.S. Citizenship, or proof of eligibility or authorization to work in the United States, within three days from the date of hire.

As part of the recruitment and selection process, Central Peninsula Hospital / Heritage Place checks references. Persons whom you have identified as potential references, or others, may be contacted and asked a series of questions about your personal background, education and or work experience. If an outside firm is used to check references, under the Federal Fair Credit Reporting Act, Central Peninsula Hospital/ Heritage Place is required, upon your written request, to provide you the name and address of the firm so that you may contact them for information.

EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____

DATE OF APPLICATION: _____

PLEASE PRINT CLEARLY IN INK

PERSONAL

LAST NAME		FIRST NAME			INITIAL
MAILING ADDRESS		APT.#	CITY	STATE	ZIP CODE
(AREA CODE) TELEPHONE NUMBER	U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If NO, Visa type and number)</small>		SOCIAL SECURITY #		AGE UNDER 18 <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED <small>(Please review job description before answering this question)</small>					
DATE AVAILABLE	STARTING SALARY NEEDED	WILL YOU ACCEPT ANOTHER POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY			
WILL YOU ACCEPT SHIFT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL YOU ACCEPT WEEKEND WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER DIEM	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If YES, give Date(s), Offense(s) and Disposition)</small>		HAVE YOU EVER BEEN CONVICTED OF FRAUD AND/OR ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If YES, give Date(s), Offense(s) and Disposition)</small>			
HAVE YOU EVER BEEN EXCLUDED FROM PARTICIPATION IN ANY FEDERAL OR STATE MEDICARE, MEDICAID OR ANY OTHER THIRD PARTY PAYOR PROGRAM OR HAVE SUCH PENDING ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, A LETTER SHOWING REINSTATEMENT IS REQUIRED FOR FURTHER CONSIDERATION FOR EMPLOYMENT.					
DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME		DEPARTMENT		RELATIONSHIP	

EMPLOYMENT HISTORY

LIST <u>MOST RECENT</u> POSITION FIRST		LIST OTHER NAMES USED WHILE EMPLOYED/VOLUNTEERING WITH THESE EMPLOYERS			
FROM MO. YR.	NAME OF EMPLOYER	NAME / TITLE LAST SUPERVISOR		TELEPHONE NO.	
TO MO. YR.	ADDRESS: STREET CITY STATE ZIP CODE	POSITION HELD		ENDING SALARY _____ PER _____	
BRIEFLY DESCRIBE THE WORK YOU PERFORMED					
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM MO. YR.	NAME OF EMPLOYER	NAME / TITLE LAST SUPERVISOR		TELEPHONE NO.	
TO MO. YR.	ADDRESS: STREET CITY STATE ZIP CODE	POSITION HELD		ENDING SALARY _____ PER _____	
BRIEFLY DESCRIBE THE WORK YOU PERFORMED					
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FROM MO. YR.	NAME OF EMPLOYER	NAME / TITLE LAST SUPERVISOR		TELEPHONE NO.	
TO MO. YR.	ADDRESS: STREET CITY STATE ZIP CODE	POSITION HELD		ENDING SALARY _____ PER _____	
BRIEFLY DESCRIBE THE WORK YOU PERFORMED					
REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	DATES ATTENDED		COURSE OF STUDY	DID YOU GRADUATE?	DIPLOMA DEGREE
				FROM	TO			
ELEMENTARY							<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL							<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL							<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER							<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST HEALTH CARE, BUSINESS OR INDUSTRIAL EQUIPMENT THAT YOU CAN OPERATE PROFICIENTLY

PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS - DO NOT INCLUDE DRIVERS LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	NUMBER	ELIGIBLE

PROFESSIONAL REFERENCES - LIST TWO PROFESSIONAL REFERENCES WHO ARE NOT RELATIVES

NAME	TELEPHONE / ADDRESS	OCCUPATION	YEARS KNOWN

APPLICANTS CERTIFICATION

I certify that all matters contained in this application are true, and that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I understand that this is an application for employment and that no employment contract is being offered.

I further understand that as a condition of employment I will be required to submit to a drug test according to CPH standards and if my drug test results are unsatisfactory, I will not be employed by CPH.

I hereby authorize CPH to investigate all matters contained in the application and to contact prior employers to obtain any and all information related to my past work performance.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I agree, if employed to abide by all Central Peninsula Hospitals rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.

I understand that I am required to immediately notify CPH if any action is proposed to exclude me from participation in any federal or state Medicare, Medicaid or other third party payor program.

I have read and understand the above.

DATE: _____ SIGNATURE: _____

IF NO POSITION LISTED, THE APPLICATION MAY NOT BE CONSIDERED FOR EMPLOYMENT

IMPORTANT NOTICE TO ALL APPLICANTS

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act of 1986. This requirement applies to all new employees including U.S. citizens, permanent residents and non-immigrants. You will have to provide documents within 3 days of your hire date to verify your identity and eligibility to work.

