



Employment Information

Employment Information

Employment Application - Electronic Signature Confirmation

There are several steps in completing an online application.

1. You will be asked to confirm your ability to sign and submit this electronically.
2. You will review a Fair Credit Reporting Act notice that describes your rights.
3. You will electronically authorize us to access your credit history if applicable to your position.
4. You will electronically authorize us to verify additional personal information.
5. You will complete the employment application itself.
6. You will be asked to complete the Voluntary Equal Employment Opportunity Identification form.

By accepting these terms, you certify that you are able and willing to accept disclosures and/or documents electronically, as follows:

We are providing you with this online electronic signature confirmation, Fair Credit Reporting Act Notice, authorization to access credit, employment application and the Voluntary Equal Employment Opportunity Identification form electronically.

- You have a right to receive any of these in paper format.
- You can withdraw consent to electronic delivery at any time. If you have any questions about the application process or opportunities available with us, please contact us.

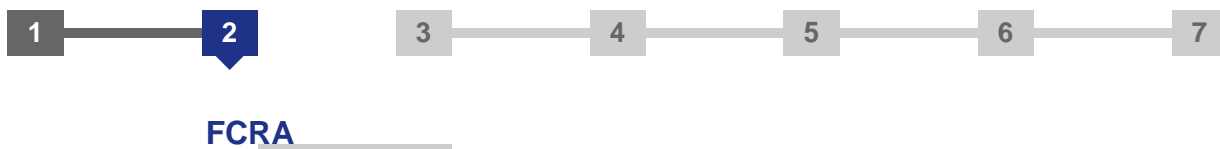
Prior to acceptance of electronic delivery of disclosures and/or documents, you should verify that you have the required hardware and software to access and retain them. You will need a:

1. Computer with an internet browser
2. Printer or storage medium for retention of the disclosures and/or documents, such as a hard drive. Retention may be electronic so long as the electronic record accurately reflects the information set forth in the disclosures and/or documents

You shall have tested your access and retention devices for compatibility in advance.

If we revise hardware and software requirements to access and retain electronic disclosures, we will notify you of these changes and provide you a notice of your right to withdraw consent to electronic disclosure without the imposition of any fees.

We are an Equal Opportunity Employer.



Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of

your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050

<p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box ##11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

* Signature

Date Signed:

I Accept the terms

Job Application



Standards of Behavior



Ottumwa Regional Health Center's Standards of Behavior

Communication

We believe how we use words and actions to share our feelings and empathize with the feelings of others are key to showing compassion.

Our goal is to reduce patient anxiety. I will practice **AIDET**:

Acknowledge; Introduce; Duration; Explanation; Thank you.

I will listen with an open mind and be mindful of body language.

I will smile and greet people, maintain good eye contact, and be approachable.

I will never underestimate the power of an apology.

Accountability

We believe it is important to do more than our best and accept no excuses.

We will make decisions and accept the consequences.

I will be accountable for all policies at ORHC. Not knowing them is not an acceptable excuse. I will be willing to approach others if they are not practicing the standards.

Attitude

We believe our initial approach to any situation directly impacts the outcome.

I will have a positive attitude.

I will be honest, reliable, dependable, and nonjudgmental.

I believe customers are not an interruption; they are the reason I am here.

I understand rudeness is unacceptable.

Respect

We believe the respect you have for yourself on the inside is reflected through the simple manner in which you present yourself on the outside.

I will maintain good eye contact.

I will be kind and sincere, using "Please" and "Thank you" in all my conversations.

I will respect all customers' rights regarding privacy and confidentiality.

I will treat my fellow co-workers and celebrate accomplishments of others.

I will practice forgiveness.

Excellence

We believe in making an investment in ourselves. Always strive to be the best you can be: this is the cornerstone of professional and personal growth.

I will exceed the customers' expectations.

I will pay attention to details and take pride in everything I do.

I will foster a positive learning environment and lead by example.

I will avoid complaining, criticizing or condemning others.

I will become a part of the solution when presented with a problem.

I understand that I represent ORHC in all aspects of my daily life.

I realize that every job is a self portrait of the person who did it.

Service

We believe it is a privilege to be involved in the process of health care and assisting with life's milestones regardless of our particular positions at ORHC.

I will offer assistance to help customers, visitors and co-workers.

I will assist customers with way-finding, by escorting them to their destination.

If I am unable to meet the customers' needs, I will find someone who can.

I will bring positive energy and participation to the ORHC "TEAMWORK".

I believe service recovery is everyone's job; "I am sorry you are upset. What can I do right now to make things better?"

I believe neatness creates positive impressions.

I will pick up litter and dispose of it properly.

Signature

My typed name below shall have the same force and effect as my written signature.

*** I agree with these Standards of Behavior and wish to apply.**

Signature: *



Customer Service Standards



Ottumwa Regional Health Center's Customer Service Standards

1. Follow the AIDET concept.
2. Enter and Exit every encounter with humanity.
 - This is the #1 technique for displaying compassion!
3. Our customers are: Patients, Families, and Each Other!
4. Narrate every action—Do it kindheartedly.
5. Don't sacrifice humanism for speed.
6. Avoid "taboo" discussions with patients/families.
 - Personal Drama—leave it at the door.
 - Staffing/scheduling—take it to your manager.
7. Never position others poorly.
8. Be a good listener:
 - Identify the customer needs
 - Ask clarifying questions
 - Sometimes this is more than words; look at body language and hear the tone of one's voice
 - Don't make assumptions
9. Anticipate needs, make the customer feel important and appreciated.
 - Avoid giving directions or pointing. Take the patient/visitor to their destination.
 - Know special things about your patients and celebrate when possible—such as patient's birthday, favorite foods, if they want their door open/closed, curtains open/closed.
 - Place these on the white-board to draw others to patients preference(s)
10. Help our customers comprehend our systems. It is up to us to make certain our systems function as we have informed our customers they will.
11. Appreciate the power of "YES"

- Always look for ways to help our customer. Always do what you say you are going to do.

12. Know how to apologize.

- Deal with problems immediately and let customers know what you have done to take care of their concerns.
- Know when to escalate a situation.

13. Be effective, timely and sincere.

- Be certain customers do not see you frustrated or annoyed; display patience.

14. Possess good time management skills.

- Find the right balance by not spending too much time handling one customer while others continue to wait. Stay focused on your goals. Seek assistance by knowing your resources and when to involve others.

15. Take ownership of Service Recovery—It's everyone's responsibility.

- Apologize, be sincere, It's what you do and say
- Acknowledge the concern
- Listen, understand, empathize
- Anticipate needs
- Search for alternatives that are acceptable
- Avoid "Never/Can't" statements or "It's not my job"
- Follow-up to assure recovery efforts are stable.

16. Remember "You are on Stage".

* Signature

Date Signed:

I Accept the terms

Job Application



Application for Employment

* Required Information

Contact Information

First Name: *
MI:
Last Name: *
Email Address: *
Street Address: *
Address Line 2:
City: *
State: *
ZIP/Postal Code: * 00000
Country: * U

Primary Phone: * 000-000-0000 Phone Type:
Alternate Phone: 000-000-0000 Phone Type:

Additional Information

How did you hear of our opening? *

Check shifts you are willing to work: * | Days Evenings B] [\ hg K eekends

Would you work: * | F chUhb['G \ Jzg DUfhH]a Y Full 'H]a Y
.....

Date you are available for work: *

Yes No

Yes No

* Were you previously employed with us?

* Have you ever been discharged from a job?

* Occupation :

* City :

* State :

* ZIP/Postal Code :

00000

Military Service

Have you served in the U.S. Armed Forces? *

If yes, list areas of training:

Resume & Cover Letter

For optimal results attach your resume by clicking "**Attach Document**" at the top of this page.

To copy and paste your cover letter:

1. Highlight the text on the document you want to copy.
2. Press 'Ctrl C' to copy (Hold down the Ctrl key and press C).
3. Place the cursor in the appropriate box below.
4. Press 'Ctrl V' to paste the information.

Cover Letter :

If you were unable to upload your resume, you must copy and paste your resume in the RESUME box below.

Resume :

Read and Sign

Read the following carefully before signing.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, credit record and/or criminal history.

My typed name below shall have the same force and effect as my written signature.

Applicant's Signature: *

Date Signed:



Background Check

RELEASE AUTHORIZATION AND FAIR CREDIT REPORTING ACT DISCLOSURE [FOR EMPLOYMENT PURPOSES]

The applicant for employment acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).

By signing below, I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

For Maine Applicants Only

Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

For New York Applicants Only

You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

For Washington Applicants Only

If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time, to receive from us a complete and accurate disclosure of the nature and scope of the investigation. You have the right to request from the consumer reporting agency a summary of your rights and remedies under state law.

For California*, Minnesota, and Oklahoma Applicants Only: A consumer credit report will be obtained through Certiphi Screening, Inc., P.O. Box 541, Southampton, PA 18966.

If a consumer credit report is obtained, I understand that I am entitled to receive a copy. If an investigative consumer report and/or consumer report is processed, I understand that I am entitled to receive a copy. I have indicated below whether I would like a copy.

Yes No

*California Applicants: If you chose to receive a copy of the consumer report, it will be sent within three (3) days of the employer receiving a copy of the consumer report and you will receive a copy of the investigative consumer report within seven (7) days of the employer's receipt of the report (unless you elected not to get a copy of the report).

INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (to be used for no other purposes)

Please Note: Your date of birth and social security number will be masked as you enter them and not viewable by Human Resources unless an offer of employment is either imminent or extended and a background check is ordered.

First Name: *

Middle Name:

Last Name: *

Date of Birth: *  mm/dd/yyyy

Confirm Date of Birth: *  mm/dd/yyyy

Social Security Number: *

Please enter Social Security without dashes. E.g., 000000000.

Confirm Social Security Number: *

Please enter Social Security without dashes. E.g., 000000000.

Current Residence Address: *

Current Residence City: *

Current Residence State: * MA

Current Residence Zip: * 00000

Current Residence Country: * USA

Please supply the following education information:

What was your name at the time of degree receipt?

Previous Names

Please list any alternate names you have used in the past seven years (example Maiden Name):

	First Name	Middle Name	Last Name
Alias Name #1			
Alias Name #2			
Alias Name #3			

Past Addresses

Please list any past address within the last 7 years

Past Address 1

Address :

City :

State :

Zip : 00000

From :

To :

 mm/dd/yyyy

 mm/dd/yyyy

Drivers License

State: *

License Number: *

Please check this box if you do not have a driver's license.

Signature

My typed name below shall have the same force and effect as my written signature.

Signature: *

Date Signed:

1

2

3

4

5

6

EEO Information

7

Please Read

Completion of this Form is Strictly Voluntary

We are required to maintain records for our EEO and/or Affirmative Action Plan and request that you complete the information that applies to you. The information is confidential and will be used solely for statistical purposes. If you choose to complete the form, the information will not affect your being considered for employment opportunities for which you are qualified.

Please make the appropriate selections:

GENDER

Female

Male

I prefer not to answer

RACE AND ETHNICITY

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

I prefer not to answer

VETERAN STATUS

Active Duty

Serving full-time duty in the active military service of the United States (U.S.)

Active Reserve

Active member of a U.S. military reserve

Disabled Veteran

- A. *a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Dept of Veterans Affairs for a disability (i) rated at 30% or more, or (ii) rated at 10% or 20% in the case of a veteran who has been determined under Section 3016 of Title 38, U.S.C. to have a serious employment handicap, OR*
- B. *a person who was discharged or released from active duty because of a service-connected disability*

Inactive Reserve

Inactive member of a U.S. military reserve

Other Veteran

Served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Recently Separated Veteran

Active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date such veterans discharge or release from active duty.

Retired

Retired from military status and is not a Veteran of the Vietnam Era or an Other Protected Veteran

Vietnam Veteran

- A. *served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between 2/28/61, and 5/7/75; or (ii) between 8/5/64 and 5/7/75, in all other cases (any location); or*
- B. *was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between 2/28/61, and 5/7/75; or (ii) between 8/5/65 and 5/7/75, in all other cases (any location).*

No Military Service

I prefer not to answer

What was your discharge or release date from active duty?

**DISABILITY STATUS**

Based on the definition below, do you feel you qualify as a person with a disability?

An individual is considered to have a disability (does not include conditions of short duration):

- a physical or mental impairment that substantially limits one or more of the major life activities, or
- a record of such an impairment, or
- being regarded as having such an impairment

Yes No I prefer not to answer