



## APPLICANT INFORMATION SHEET

Thank you for considering becoming a part of the Wahiawa General Hospital Team. We are pleased you are interested in working with us. We believe that every employee at Wahiawa General Hospital makes an important contribution to patient care, and we strive to maintain a staff of the most qualified professionals available.

We believe your time is valuable. Therefore, before you take time to complete our Application for Employment, we would like to present you with the following brief summary of expectations required of each team member. We hope this will assist you in deciding whether or not you would like to become a member of our team.

1. We expect our staff to exhibit the highest caliber of customer service to include not only our external customers, but our internal customers as well, including each other. We want you to be able to work with us to provide quality health care in an environment that is sensitive to the needs of patients and their families, employees, and medical staff. Our service standards, known as "W.O.W" for Wahiawa's Outstanding Ways, are:

**Live the "Golden Rule."** Do unto others as you would have them do unto you.

**Communicate** with everyone in a respectful manner.

**Guarantee Customer Satisfaction.** Go above and beyond the call of duty.

**Smile** and politely greet everyone when possible.

**Telephone Etiquette.** Always practice proper telephone etiquette.

**Escort customers** to appropriate service areas when possible.

**Be culturally considerate.** Use the appropriate language in the presence of patients and customers.

2. We are a smoke, drug, and alcohol-free workplace. As a condition of employment we require employees to report to work in a physical condition which enables them to perform their duties in a safe, productive, and healthy manner. Employees are expected to maintain this health status throughout their work shift. If selected for employment you will be required to submit to a post-offer pre-placement drug test. Employees are also subject to reasonable cause drug testing.
3. Successful applicants who are offered employment will be subject to a background check, including criminal conviction history.
4. Regular attendance is essential to the efficiency and economy of operations and quality of patient care, as well as consideration of co-workers. Employees are expected to report to work in a timely and consistent manner.
5. We do not tolerate violence in the work place. This includes maintaining a work environment free from intimidation, threats or violent acts. Complaints are investigated promptly and appropriate action taken.
6. We are an Equal Employment Opportunity employer. We seek to employ the best qualified individuals from the available labor force and provide them with an opportunity for advancement, where possible, in a manner which does not discriminate pursuant to applicable law, because of

race, color, religion, national origin, ancestry, sex (including pregnancy), age, disability or handicap status, veteran status, marital status, arrest and court record, sexual orientation, or other grounds protected under the state and federal equal employment opportunity laws, regulation, and/or applicable executive order (except where criminal conviction record has a rational relationship to the functions of the job).

7. We will not tolerate verbal or physical conduct by any supervisor, employee, professional colleague, medical staff, patient or vendor which harasses, disrupts, or interferes with the delivery of patient care or another's work performance or which creates an intimidating, offensive, or hostile work environment. We prohibit discrimination or harassment of any employee, applicant for employment, vendor patient, or member of the public based on gender/sex, color, race religion, national original, age, handicap status or disability, arrest and court record, marital status, sexual orientation or other protected category.

Thank you for taking the time to review this information sheet. If you feel Wahiawa General Hospital is where you would like to be considered for employment, please proceed with completing the Application for Employment. If you have any questions about the foregoing or the application process, please contact a Human Resources Department staff member.



# WAHIAWA GENERAL HOSPITAL

An Equal Employment Opportunity Employer

## APPLICATION FOR EMPLOYMENT

WGH-PER-202

Date:

Job/Position you are applying for:

Are you able to perform the essential functions of this position with or without reasonable accommodation?

Have you ever been employed at WGH?  
Date of Employment?

Equal Opportunity Employer: Company is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of race, color, religion, national origin, ancestry, sex (including gender identity or expression), sexual orientation, age, disability, genetic information, marital status, arrest and court record, credit history, domestic or sexual violence victim status, veteran/military status, citizenship status, or any other characteristic protected by federal, state, or local law.

### GENERAL INFORMATION (Please print plainly):

Name	Email Address	
Address	Telephone No. (Cell or Residence)	
City	State	Zip Code

### Additional Information:

Are you related to any person(s) presently employed by this hospital? \_\_\_\_\_ If Yes, please list names(s) below:

May we contact your current & previous employer(s)? YES  NO  Comments:

### Desired Employment Status (choose one)

Full-Time (40 hours a week)  Part-Time (20 hours a week)  Call-In  (Requires flexible schedule)  
Total number of hours available to work per week Sunday to Saturday? \_\_\_\_\_

**EMPLOYMENT RECORD:** STARTING WITH PRESENT or MOST RECENT, list all previous employers. Include self-employment, military service, summer, and part-time jobs. *Please attach additional sheets if necessary, following the same format.*

Name & Address of Current or Former Employer	Dates Employed	Position & Duties	Hours per Week	Reason for Leaving
<b>Company Name</b> Phone No. & Street City, State, Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name		
<b>Company Name</b> Phone No. & Street City, State, Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name		
<b>Company Name</b> Phone No. & Street City, State, Zip	From Mo./Yr. _____ To Mo./Yr.	Position _____ Supervisor's Name		

<b>Company Name</b>	Phone	From Mo./Yr.	Position		
No. & Street					
City, State, Zip		To Mo./Yr.			
			Supervisor's Name		

**EDUCATION:**

Education	Name of School	Address	No. of Yrs. Attended	Degrees
High School				
College				
Other (graduate school, trade school, etc.)				

**PROFESSIONAL CREDENTIALS**

Credential Type	Credential Number	Expiration Date
Hawaii Medical Professional License		
Certification/Registry		
American Heart Association BLS, PALS, and/or ACLS		
OTHER		

Nursing Applicant ONLY: List your particular Interest(s):

As a professional required to be licensed to do my job, I agree to notify the organization in writing within five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.

Applicant Signature

Date

**MISCELLANEOUS:**

Typing:  \_\_\_\_\_ WPM  \_\_\_\_\_ 10-key Other office Equipment: \_\_\_\_\_

Computer Software:  Word  Excel  Access  PowerPoint  Internet  Outlook  Publisher  Visio

**REFERENCES: (Non relatives)**

Name	Occupation
Address	Telephone No.

**REFERENCES (continued) –Non Relatives**

Name	Occupation
Address	Telephone No.
Name	Occupation
Address	Telephone No.

**NOTE:**

It is the policy of this Company to hire only persons who are authorized to work in the United States. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Citizenship and Immigration Service's Form I-9.)

**ACKNOWLEDGMENT AND CERTIFICATION:**

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize the Company to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for the Company's consideration of my application for employment, I hereby release the Company and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from all liability relating to or arising out of any inquiry by the Company regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination (or drug test) at Company expense and by a Company-chosen physician, with the offer of employment conditioned on the result of such examination. Employees, at any time during the course of their employment, may be required to undergo a medical (or drug) examination at Company expense and by a Company-chosen physician. I agree to provide the Company with any authorization or release which may be required for a pre-employment medical examination or drug test.

If chosen for the position I am applying for and after a conditional offer of employment is extended to me, I further agree to notify the organization in writing within five to seven (5-7) days of receiving any written or oral notice of any adverse action, including, without limitation, exclusion from participation in any federal or state health care or procurement programs, any filed and served malpractice suit or arbitration action; any adverse action by a state licensing board; any adverse action which has resulted in the filing of a report with the state licensing board; any revocation of DEA license; a conviction of any felony or a misdemeanor of moral turpitude; any action against any certification under the Medicare or Medicaid programs; or any cancellation, non-renewal or material reduction in medical liability insurance policy coverage.

If chosen for the position I am applying for and after a conditional offer of employment has been extended to me, the hospital may inquire and consider any criminal conviction<sup>1</sup> or negative credit check<sup>2</sup> records that I have. The hospital may withdraw any conditional offer of employment made to me if my criminal convictions or credit check reports bears a rational relationship to the duties and responsibilities of the position for which I have applied and hired for.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.**

This application will only be considered for the specific posting applied for. I understand that if I have not been hired for the posting applied for, and I still wish to be considered for employment, I must complete another application.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Application Date

<sup>1</sup> Hawaii Revised Statutes §378-2.5

<sup>2</sup> Hawaii Revised Statutes §378-2.7



WAHIAWA GENERAL HOSPITAL  
*"Quality Care Close to Home"*

### **PRE-PLACEMENT DRUG TESTING**

Wahiawa General Hospital is committed to providing quality patient care and a safe, healthy, and productive work environment through a drug and alcohol free workplace. All offers are contingent upon the applicant submitting to a drug test. Wahiawa Hospital will not hire any individual who fails to pass the pre-placement drug test.

### **CONSENT FORM**

I understand that as required by WAHIAWA GENERAL HOSPITAL (hereinafter referred to as "Hospital"), all applicants must be tested for controlled substances as a pre-condition of employment.

I understand that if I fail to report to the designated collection site within seventy-two (72) hours from time of notification, I will be disqualified for any and all employment which may be available now, or which may become available in the future.

I consent to the urine sample collection and testing for controlled substances, which are amphetamines (including crystal methamphetamine), barbiturates, benzodiazepines, cocaine, marijuana (THC), opiates (including heroin), phencyclidine (PCP).

The medical review officer will maintain the results of my test. Negative and positive results will be reported to the Hospital. If the results are positive, the controlled substance will be identified. The results will be treated as confidential information.

I understand the above conditions and hereby agree to comply with them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



WAHIAWA GENERAL HOSPITAL

"Quality Care Close to Home"

**SELF-IDENTIFICATION FORM**

Wahiawa General Hospital is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to voluntarily participate in reporting their self-identified gender, race, ethnic, and veteran status. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resources department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans, and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

**GENDER:** Male  Female

**Are you Hispanic or Latino?**

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

**RACE or ETHNICITY IDENTITY:\*** (select ONE, see back for definitions)

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

**VETERAN STATUS:\*\*** (see back for definitions)

- I am a protected veteran
- I am NOT a protected veteran
- I do not wish to self-identify

**How did you hear about our opening?**

- Employee Referral
- Company Website
- Job Board
- Social Media
- Advertisement (print/radio/TV)
- Recruiter
- Other – Please explain: \_\_\_\_\_

## **\*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**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 people 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 people 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 American (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 races.

## **\*\*PROTECTED VETERAN DEFINITION**

**Protected veteran** means a veteran who may be classified as an active duty wartime or campaign badge veteran, disabled veteran, Armed Forces service medal veteran or recently separated veteran.

**Active duty wartime or campaign badge veteran** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces service medal veteran** means any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159)

**Disabled veteran** means (1) a veteran of the U.S. military, ground, naval, or air service 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 Secretary of Veteran Affairs, *or* (2) a person who was discharged or released from active duty because of a service-connected disability.

**Recently separated veteran** means during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.