



**Sullivan County Memorial Hospital**  
"Where you are cared for like family"

*Welcome to Sullivan County Memorial Hospital*

We appreciate your interest in joining us as an employee at Sullivan County Memorial Hospital (SCMH). Before you complete an application, we would like you to take a few minutes to review the following information regarding *employee competencies*. We believe the accomplishment of these competencies is critical for your success at SCMH. All employees at SCMH are expected to successfully meet the following non-negotiable expectations:

1. **Service Excellence:** It is an SCMH expectation that every employee provides *excellent customer service*. At Sullivan County Memorial Hospital, we put the customer first. A customer is defined as a patient, visitor, co-worker, medical staff, vendor or any other person you come in contact with at SCMH. This is done by creating enthusiastic customer loyalty by exceeding the needs and expectations of all customers. The customer measures this by: a.) Does the person who is helping me care about me? b.) Are they responsive to my needs/requests? c.) Did they give me the information I needed? In order to exceed the customer's needs and expectations, you will be expected to:
  - Be courteous in all contacts with people at SCMH;
  - Have a desire to work in health care;
  - Remain positive and create enthusiastic customer loyalty by exceeding the needs and expectations of all customers;
  - Maintain customer confidentiality; and,
  - Communicate effectively both verbally and nonverbally.
  
2. **Business Results:** As an SCMH employee, you will be expected to *exhibit pride in your work and the service you provide*. You will be expected to:
  - Show good judgment in your job performance;
  - Realize that no matter what job you have, you have an impact on patient care and the image of SCMH; and,
  - *Be committed to continuously improving the quality of work at the lowest possible cost.*
  
3. **Leadership:** Every SCMH employee is expected to be a leader in continuous improvement *by participating as a team player*. As a team player, you will be expected to:
  - ***Communicate effectively*** with others to meet total customer needs;
  - Improve processes by creatively solving problems;
  - ***Learn from individuals from other cultures and backgrounds;***
  - Treat co-workers and employees in other departments with respect;
  - Pitch in and help other employees when they need help;
  - Participate in Quality Improvement (QI) activities.

4. **Change Management:** Change is a major part of the life of an SCMH employee. In order to adapt to change, you will need to be willing to *learn new skills* - and be willing to grow in your current abilities. You will be expected to:
- Try new tasks as opportunities arise;
  - Ask for training if you do not know how to do a task;
  - ***Remain flexible and adaptable to change.***
5. **Strategic Thinking:** An SCMH employee is responsible for continuously finding ways to enhance their skills to meet the needs and expectations of our customers: You will be expected to:
- Demonstrate technical knowledge;
  - Maintain excellent job skills.
6. **Personal Accountability:** All employees are expected to present an appropriate demeanor that meets Sullivan County Memorial Hospital's standard of excellence. You will be expected to:
- Present a clean and neat appearance and dress appropriately to hospital and department standards;
  - Communicate and act in an open, honest, and trustful manner;
  - Have a 'can-do' attitude;
  - ***Take responsibility for learning and developing;***
  - Be in attendance and on time for the days you are scheduled to work.

**I have read the expectations and know I can fulfill them. I understand these expectations are a requirement for employment at Sullivan County Memorial Hospital.**

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Applicant Signature

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Date

***Note:***

*After reading these expectations, if you are interested in becoming an employee at Sullivan County Memorial Hospital, we invite you to complete the attached application.*

# APPLICATION FOR EMPLOYMENT



## HR USE ONLY

Application No. \_\_\_\_\_  
Location: \_\_\_\_\_  
Date Employed: \_\_\_\_\_

### Sullivan County Memorial Hospital

"Where you are cared for like family"

630 West 3rd Street

Milan, MO 63556

Phone: 660-265-4212

Fax: 660-265-4898

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED

PLEASE PRINT

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status disability or any other protected group status.

Documents Received:

- Resume
- Reference Checks
- Interview Record
- Payroll/Status Change Notice
- Licensure

DATE: \_\_\_\_\_

Name:

\_\_\_\_\_

First

Middle

Last

Present Address:

\_\_\_\_\_

Street

City

State

Zip

Telephone Number ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Alternate Number: ( ) \_\_\_\_\_

Please list any other name(s) which you have been known by at previous employers or educational institutions:

Do you currently use tobacco/nicotine products? \_\_\_ Yes \_\_\_ No \*\* If yes, please stop application process – see Page 3 footnote.

Do you have a legal right to be employed in the United States? \_\_\_ Yes (proof required) \_\_\_ No

Are you over the age of 18? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been excluded from providing patient care to those receiving Medicare or Federally funded health care programs \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have a record of founded child or dependent adult abuse? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you worked for Sullivan County Memorial Hospital before? \_\_\_ Yes \_\_\_ No

Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last date of employed? \_\_\_\_\_

Position applying for? \_\_\_\_\_ Full Time Part Time PRN Days Nights

If applying part time – hours available per week: \_\_\_\_\_

How did you become aware of position applying for? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_ Available start date: \_\_\_\_\_

EDUCATIONAL BACKGROUND			
TYPE OF SCHOOL	NAME AND CITY	DID YOU GRADUATE?	COURSE OR MAJOR?
COLLEGE			
GRADUATE SCHOOL			
TECHNICAL SCHOOL			
HIGHSCHOOL			
OTHER			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT					
<b>CURRENT EMPLOYER</b>			Dates Worked		Position's Held
			From	To	
Address, City, State, Zip					
Phone Number ( )			Duties and Responsibilities		
Type of Business			Reason for Leaving		
Name of Supervisor					
Base Gross Income	Starting Wage \$	Per o Hour D Year	Ending/Current \$	Per o Hour D Year	
<b>PREVIOUS EMPLOYER</b>			Dates Worked		Position's Held
			From	To	
Address, City, State, Zip					
Phone Number ( )			Duties/Responsibilities		
Type of Business			Reason for Leaving		
Name of Supervisor					
Base Gross Income	Starting Wage \$	Per o Hour D Year	Ending/Current \$	Per o Hour D Year	
<b>PREVIOUS EMPLOYER</b>			Dates Worked		Position's Held
			From	To	
Address, City, State, Zip					
Phone Number ( )			Duties/Responsibilities		
Type of Business			Reason for Leaving		
Name of Supervisor					
Base Gross Income	Starting Wage \$	Per o Hour D Year	Ending/Current \$	Per o Hour D Year	

## WORK REFERENCES

<b>Name</b>	Years Known	Relationship and Title	
Company		Home Phone	Work Phone
Address	Street	City	Zip Code

  

<b>Name</b>	Years Known	Relationship and Title	
Company		Home Phone	Work Phone
Work Address	Street	City	Zip Code

  

<b>Name</b>	Years Known	Relationship and Title	
Company		Home Phone	Work Phone
Work Address	Street	City	Zip Code

  

<b>Name</b>	Years Known	Relationship and Title	
Company		Home Phone	Work Phone
Work Address	Street	City	Zip Code

## SPECIAL SKILLS

Please check the skills for which you have received training:

- EMR training – Brand Name used \_\_\_\_\_
- Do you speak, read or write any language other than English? \_\_\_ Yes \_\_\_ No  
If yes, please describe \_\_\_\_\_
- Health Care Equipment: \_\_\_\_\_
- Certifications held: \_\_\_\_\_
- If applicable; any other professional credentials that would relate to the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_

*\*\* Thank you for your interest in employment with Sullivan County Memorial Hospital and Clinics, The SCMH administration instituted a policy on January 1, 2018 restricting offers of employment to employment candidates who use tobacco / nicotine products. If you are a nicotine user you may reapply for employment after 3 months have passed given you are not using products containing nicotine and will attest not to return to the practice of using nicotine products. SCMH reserves the right to test candidates for employment and employees, randomly or for cause for nicotine.*

Please Read Carefully Before Signing Below

This application shall remain active for 180 days. After 180 days, if you are still interested in employment at Sullivan County Memorial Hospital, you must fill out a new application.

I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I understand and agree that any false information, misrepresentation or omission of facts in this application and the application process may be justification for refusal to hire or immediate termination of employment without recourse. I further understand and agree that all information furnished in this application and the application process may be verified by Sullivan County Memorial Hospital.

I authorize all employers, schools, persons and organizations having relevant information and knowledge of my employment, work habits, character and any criminal or other relevant records to provide it to Sullivan County Memorial Hospital or its duly authorized representative for its use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release such employers, schools, persons, organizations and Sullivan County Memorial Hospital from all liability for any claims or damage which may result.

I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Sullivan County Memorial Hospital and me for either employment or for the providing of any benefit. If an employment relationship is established, I agree to comply with the rules and regulations of Sullivan County Memorial Hospital and further understand and agree that my employment and compensation can be terminated at any time, with or without cause or notice, at the option of either Sullivan County Memorial Hospital or myself.

Further, if granted a position with Sullivan County Memorial Hospital, I also agree to submit to a medical history report and physical examination, which includes drug testing, provided by Sullivan County Memorial Hospital, and understand that my employment is conditional on satisfactorily passing the examination.

To comply with the Immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish your identity and your authorization to be employed in the United States. Such documents will be required at the time of your new employee orientation.

A PHOTOCOPY OF THIS APPLICATION IS TO BE CONSIDERED AS VALID AS THE ORIGINAL.

My signature certifies that I understand and agree to all of the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date