



your health. our passion.

Medical Center
800 South Main Avenue
Rugby, ND 58368-2118
701.776.5261
701.776.5043 TDD
701.776.5448 FAX
701.776.7000 Surgical Clinic

Johnson Clinics
Rugby – 701.776.5235
Dunseith – 701.244.5694
Maddock – 701.438.2555

www.hamc.com

Thank you for your interest in employment opportunities at the **Heart of America Medical Center, Heart of America Johnson Clinics and the Haaland Estates.**

Online listings of employment opportunities are available on our website: www.hamc.com and on the North Dakota Job Services website: www.jobsnd.com.

Onsite listings of employment opportunities are available on our official bulletin boards, near the employee time clocks at both the Heart of America Medical Center and the Haaland Estates and near the Human Resources Department.

To apply for any of the positions currently open, please complete the employment packet which contains: ***Application Form, Standards of Behavior, and Reference Request Form.***

Complete the ***Application Form*** and specifically fill in the section which reads: **This application is for the position of:** Please list any other ***positions*** in which you are interested as well as the ***department*** in which the opening exists.

Please read the ***Standards of Behavior***: the Good Samaritan Hospital Association's goal of excellent service to all customers.

On the ***Reference Request Form***, please leave the top portion of the page uncompleted. Just sign and date in the signature spaces provided below the solid black line.

To maintain the confidentiality of your paper employment application, please place in an envelope and mail to the ***Human Resources Department*** or hand deliver to the Human Resources Offices, located on 1st floor.

Directions to Human Resources: Take elevator #1 (by the Admissions Desk) to the 1st floor; take 2 left turns, 1 right turn and 1 left turn to the 1B corridor. The Human Resources offices are located midway down the corridor.

Our office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday.

Again, we welcome you to apply for any open positions at the **Heart of America Medical Center, the Heart of America Johnson Clinics and the Haaland Estates.**

EMPLOYMENT APPLICATION

Good Samaritan Hospital Association

800 South Main Avenue

Rugby, North Dakota 58368-2118

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER M/F/H/V

MISSION: To deliver compassionate care by advancing the physical and spiritual well-being of the communities we serve through smart medicine and exceptional service.

VISION: To be the provider of choice for healthcare within our communities.

This application is for the position of:

List other positions of interest:

Name _____ Date _____
(Last) (First) (Middle)

Street Address _____

City _____ State _____ Zip Code _____

Social Security # _____ Telephone # () _____

Email address: _____

Other Telephone numbers where you can be reached or message can be left: _____

How did you learn of this opening? (choose one) Newspaper HAMC Website ND Job Service Website
Employee Radio Friend Walk-In Other _____

I am applying for: Full time _____ Part time _____ Temporary _____ Summer _____

Shifts for which I am available: Days _____ Evenings _____ Nights _____ Weekends _____

These are the hours/days/shifts I CANNOT work: _____

If hired, date I am available to begin employment: _____

Have you ever filed an application with the GSHA? _____ If so, when? _____

Have you previously been employed by the GSHA? _____ If so, when and department? _____

Do you have relatives working at the GSHA? _____

Have you ever used another name (maiden, previously married)? List all others here: _____

Are you eligible to work in the United States? Yes _____ No _____ If Yes, VISA Type _____

Are you at least 16 years of age? Yes _____ No _____ (If Applicable)

Have you ever been convicted of a crime other than a traffic offense: YES _____ NO _____

Indicate dates, location and outcome(s):

Criminal convictions are not an absolute ban to employment but will be considered in relationship to specific job requirements.

IF APPLICABLE

North Dakota Registration Number: Original _____ Current _____ Expiration Date _____
(i.e., RN, LPN, CNA, etc.)

Other states in which you are licensed: State _____ License Number _____ Expiration Date _____

HR USE ONLY: Application Routed to: Dept. & Date _____ Dept. & Date _____

Application Routed to: Dept. & Date _____ Dept. & Date _____

HR RESPONSE: E-Mail Card Date: _____

EDUCATION

Name of School and Location	Circle Highest Grade Completed at Each Level				Diploma/Degree	Year Completed
	1	2	3	4		
Elementary	5	6	7	8		
High School	9	10	11	12		
Vocational		1		2		
College	4	5	6			
Other/Specialized Training						

LIST MOST RECENT EMPLOYMENT FIRST - INCLUDE MILITARY

Company Name and Address	Phone	Position Held	Dates		Salary	Full Time	Part Time	Reason for Leaving
			From	To				

PERSONAL REFERENCES - NOT RELATIVES

Name	Address	Phone	Occupation

Please read and sign below:

I hereby acknowledge that this application does not constitute an employment contract and that any employment relationship with Good Samaritan Hospital Association (GSHA) is of an "AT WILL" nature. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Chief Executive Officer of the GSHA. I certify that the statements on this form are true and complete to the best of my knowledge. During my employment I agree to support all policies of GSHA. I authorize investigation of all statements contained in this application, including a legal background check. I agree that all former employers or any other persons may furnish GSHA with all information regarding their record of my service, character and reason for leaving. I hereby release such former employers and persons from all liability on account of providing such information. I understand that misrepresentation or omission of information on my part in connection with my application will be sufficient cause, in and of itself, for denial of employment whenever discovered. I understand that I may be required to successfully complete a medical exam for initial or continued employment to determine if I am physically and mentally capable of performing my job. I also understand that I will be required to submit to a pre-employment drug test. GSHA will provide reasonable accommodations for known qualified individuals with disabilities. Should I accept an offer of employment, I understand that the work schedule, hours, shifts, status and job responsibilities may be subject to change at any time. At no time, as an employee of GSHA will I reveal any information regarding clients, staff, physicians, finances or other information sensitive to the operations of GSHA to anyone unless I have been specifically instructed to do so by GSHA.

By my signature below, either written or electronic, I certify the information I provided on and in connection with this application is true, correct, and complete. I agree that this form in original, faxed, photocopied or electronic will be valid for any background reports that may be required by or on behalf of GSHA. I certify that by signing my name on the line or by inserting my name electronically constitutes my signature.

_____ Date

_____ Signature of Applicant

To complete application please read **Standards of Behavior**. Check box to acknowledge.



Heart of America Medical Center
Heart of America Johnson Clinics
Haaland Estates

We believe that a culture of EXCELLENT SERVICE is the foundation of who we are and what we do; thus we incorporate these STANDARDS OF BEHAVIOR into our daily attitudes and actions.

1. Appearance

Staff-Environment

- I will understand my dress is a direct reflection of my care and service to my patient/resident and reflects my **respect** for my patient/resident and for me. My dress will always be professional, tasteful, and tidy. Good personal hygiene is expected.
- I will care for my equipment and my environment. I will preserve cleanliness of my immediate work environment and throughout the facility.
- I will understand my patient/resident and my personal safety is my responsibility. If I see a safety hazard, I will correct it immediately (if possible) and report the event completely and promptly.

2. Commitment/Approach

Co-workers

- I will be honest, polite, and **respectful** in all my interactions and greet my co-workers with a smile and verbal acknowledgement. When dealing with conflict, I will go directly to the person involved to seek a solution.
- I will encourage my co-workers to be **accountable** for upholding our standards of behavior, policies and procedures.
- I will remember our goal is to provide a warm, caring, supportive, and fun environment in which to work. I will be loyal to my co-workers and never undermine the work or decisions of my co-workers. I will conduct myself in a positive, approachable manner and have an appreciative **attitude** toward my co-workers.
- I will be patient when interacting with my co-workers and understand that tension may exist in a busy environment. Being busy is a sign of a successful organization, and we intend to stay successful. I will recognize that we each have an area of expertise that has been brought together to serve our patients/residents.

Patient/Resident or Internal Customer as applies to your area

- I will greet all patients/residents with a smile, make eye contact, and introduce myself. I will acknowledge him/her by their name when appropriate.
- I will treat everyone as an important person in our organization. I will listen carefully and compassionately to what the patient/resident has to say and avoid interruptions. Being rude is never acceptable.
- I will seek opportunities to offer encouragement and **hope** to my patient /resident by showing empathy and understanding. I will not rush or be in a hurry as I deliver my services.
- I will include my patient/resident in decisions regarding their care by providing explanations before beginning procedures and asking if they have questions.
- I will have an **attitude** of appreciation for my patient/resident and for the opportunity to provide service. I will thank them for choosing our service and **trusting** us with their care.
- I will recognize that my patient/resident has a sense of urgency, and I will show them that I value their time. My patients/residents are not an interruption of my work; they are the reason I am here. If there is a delay, I will communicate this whenever possible. I will not allow anyone to feel ignored.

- I will meet my patient/resident immediate needs or find someone who can. I will take them where they need to go whenever possible and I am **committed** to exceeding the expectations of my patient/resident.

3. Phone Etiquette

- I will answer all phone calls in a professional, friendly, clear and concise manner, remembering if I smile when I speak, my voice will reflect a cheerful positive attitude.
- I will attempt to answer all calls within three rings, identifying myself by name and department, followed by, "How may I help you?"
- I will ask permission before placing a caller on hold, and wait for a response, then thank them for holding. When transferring a call, I will give caller the name and extension of the person to whom the caller is being transferred.

4. Privacy

Co-worker

- I will **respect** the privacy of co-workers and will be honest in all my interactions. I will not criticize or embarrass co-workers in the presence of others.
- I will be sensitive to my conduct and speech while on my breaks, in the hallway, or in an elevator. I realize that family, patients, and residents are ever present, and I will refrain from discussing personal and inappropriate information.

Patient/Resident or Internal Customer as applies to your area

- When discussing health or personal information with my patient/resident (whether in person or on the phone) I will assure I have taken all measures to assure privacy, and assure I am not in proximity to others where information will be overheard.
- I will always knock and **ask to enter** before entering a patient's/resident's room. I will not enter until I have received acknowledgement to enter, as appropriate to my patient's/resident's abilities to respond.

5. Work Ethic

- I will look for ways I can help beyond my assigned tasks. I understand flexibility is important and usually my responsibility does not end where my co-workers begins. In most situations responsibilities merge and blend for the purpose of "meeting our patients'/residents' needs."
- I will complete my duties on time and I understand what I do, or fail to do, often has a direct impact on other staffs' abilities do their jobs; realizing our patients'/residents' care is interrelated and requires each of us being **accountable** to deliver **excellent** service.
- I will share appropriate information freely to enhance the services provided. I will be prepared and **resourceful** and respond timely when my input or services have been requested or are needed.
- I will practice self-awareness, and I am productive with usage of company time, remembering our core values include **accountability** and **trustworthiness**.
- I will be **committed** to continual learning to improve and develop my professional and personal skills in order to deliver **excellent** service and exceed the expectations of my patient/resident.

I acknowledge I have received my personal copy of the Service Standards of Behavior. I understand that as a colleague, I am responsible for knowing and adhering to these standards.

Signature: _____ Print Name: _____

Date: _____

REFERENCE REQUEST FORM

Good Samaritan Hospital Association

800 South Main Avenue

Rugby, North Dakota 58368

Phone (701) 776-5261 Fax (701) 776-2933

Applicant Name: S.S. #

The above named person has made application with the Heart of America Medical Center for employment and has authorized the release of information regarding his/her education, employment record, and/or character.

Personal Reference Notes:

Previous Employment Reference:

Dates of Employment:

Position Held:

Would you Rehire? Yes No If not, why?

Why did the applicant leave your employ?

Please check the appropriate box:

	YES	NO
Courteous		
Cooperative		
Of Good Habits		
Honest		
Ambitious		
Entitled to Full Confidence & Trust, Able to Preserve Confidentiality		

	Excellent	Good	Fair	Poor
Quality of Work				
Quantity of Work				
Attendance & Punctuality				
General Ability				
Able to Accept Criticism				
Able to Make Practical Judgements				

Need for Supervision: Occasionally Frequently Constantly

Additional Remarks:

Signature: Date:

Title: Organization:

By my signature below, either written or electronic, I certify the information I provided on and in connection with this application is true, correct, and complete. I agree that this form in original, faxed, photocopied or electronic will be valid for any background reports that may be required by or on behalf of GSHA. I certify that by signing my name on the line or by inserting my name electronically constitutes my signature.

Applicant Signature: Date: