

1115 LANE 12 LOVELL, WY 82431 (307) 548-5216 Please place your Application For Employment in this envelope and return to Human Resources.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

By law, you are entitled to request a reasonable accommodation and assistance to complete this application form or to proceed in any part of the application process. To request an accommodation or assistance, call or write Human Resources.

PERSONA	AL INFORMA	TION			
Last Name:		First Name:	Initial:	Soc. Sec. Number:	
Street Address	3:	City:	State:	Zip Code:	
Phone:	-	Me:	ssage Phone:	Date:	
Position(s)	applying for:				
How did you Walk In Which NBH Have you en what Name Answering offense, sen Have you en details PROFESSION List	u learn of this p Other H employee rever been employes" to the following and ver pled "guilty ONAL LICENS License/Cert 1 2	position? □ Newspanered you?preferred you?preferred by North Big Howing question does nature of the violation or "no contest" to, graduate the contest of the violation of the violation or "no contest" to, graduate the contest of the violation of th	lorn Hospital District?	Evenings	ent NBHH Employee st only one name) ployed by NBHHD, under stors such as date of the into account.
	Name	City/State	Course of Study	y Degree	Date Received
High Schoo	I				
College					
Other					
Other					
□ 10-Key/Ad	dding Machine al training or s) (speed) kills not mentioned	□ Windows (Word/Ex	Line Phones	
REFERENC	CES: List name	es and telephone nu	ımbers of three coworker	s, friends, clergy, etc.	
Name			City/State	Phone	Relationship?
		1227000	,		

COMPLETING ALL SECTIONS OF THIS APPLICATION IS MANDATORY

Present or Last Employer (Company)	Type of Business	Rate of Pay Starting: Final:
Address	City/State/Zip	Phone:
Date Started - Month/Year	Dated Left - Month Year	Job Title
Reason for Leaving	Description of Work and Responsibilities:	Supervisor's Name/Title
If Employed under a different Last Name, Please specify		May we contact for a reference? Yes No Later
Present or Last Employer (Company)	Type of Business	Rate of Pay
. , ,	7	Starting: Final:
Address	City/State/Zip	Phone:
Date Started - Month/Year	Dated Left - Month Year	Job Title
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Address	City/State/Zip	Phone:
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		Starting: Final:
Address	City/State/Zip	Phone:
Date Started - Month/Year	Dated Left - Month Year	Job Title
Reason for Leaving	Description of Work and Responsibilities:	Supervisor's Name/Title
If Employed under a different Last Name, Please specify		May we contact for a reference? Yes No Later
You are not required to disclose information about physical essential functions of the position(s) for which you have apphysical or mental limitation, you may contact the NBHH happropriate.	oplied. However, if you would like NBHH to consider	ere with your capability of performing the special arrangements to accommodate a
All information provided by me on this application is comp application or on any supplement thereto, or any omission application for employment only and does not employ or operiod of time and NBHH reserves the right to terminate meto investigate and solicit information related to my personal information, references and employment history, and I her claims for damages that may result therefrom. Applicant Signature	of any requested information, may be grounds for in reate an employment contract and that if I am employ by employment at any time for any reason. I grant po al information, professional licensure/certification, ed by release North Big Horn Hospital District and all of	nmediate discharge. I understand this is an yed, such employment is for an indefinite ermission for North Big Horn Hospital District ucation and training, criminal background
		





Mission

To enhance the physical, emotional and spiritual well being of those we serve by providing compassionate and quality health care.

Vision

Our vision is that in partnership with the communities, North Big Horn Hospital District will be the provider of choice, continually offering progressive, quality health care responsive to the changing needs of those we serve.

Values

We believe in...

- ▶ Quality We believe in striving for excellence by providing care which meets or exceeds professional standards and patient expectations.
- ▶ **Service** We will continually strive to maintain the best balance between cost and benefit while providing the highest quality of care with a positive attitude providing treatment in a prompt and timely manner.
- ▶ Outcomes We will focus on improving the results of health care, with emphasis on optimal outcomes and restoration of the individual to an acceptable level of wellness.
- ► **Teamwork** We believe in a partnership through cooperation and assisting one another to achieve common goals through communications, flexibility and mutual trust. Our intent is to furnish the greatest satisfaction to the patients, employees, and medical staff who utilize our services.
- ▶ **Empathy** We will attempt to understand things through patient/family perspective.
- ▶ Professionalism We believe in providing opportunities for staff development so that we can retain highly skilled, competent, compassionate, healthcare givers. We encourage all staff to perform their duties with patience, confidence, integrity and a positive attitude.

1. How does North Big Horn Hospital District's Mission, Vision and Values fit into your belief system?
2. Why did you apply at North Big Horn Hospital District?
3. Please give examples of how your education, job experience, knowledge, skills and abilities will enable you to meet the essential functions of the job as defined in the job description.

1 Internal Service

Serve and care for our coworkers as we would for our patients and guests. Treat our colleagues as professional through courtesy, honesty, and respect. Encourage other people's work; praise whenever possible. Make new staff members feel welcome.

2 10 Foot Circle

Engage and acknowledge everyone who comes into your circle of influence. Smile and introduce yourself when appropriate. When riding elevators, initiate conversation and hold the door open for others.

3 Positive Image

Present a positive image through friendly body language, facial expressions, and appearance. Be clean and professional. Follow dress code policies and wear your identification badge correctly at all times.

4 Phone Image

Creating a welcoming atmosphere by answering the phone in four rings or less with a personal greeting. Identify your department and yourself, then ask, "How may I help you? Know how to operate the telephones in your area. Provide the correct number before transferring a call. Get the caller's permission before putting them on hold and thank the caller for holding.

5 Personal Connection

Find ways to create relationships with our patients and guests. Use their names in every interaction. Be respectful of patients and make sure that patient information is kept confidential. Never discuss patients and their care in public areas or with your family and friends.

6 No Passing Zone

Anticipate and help patients and guests with their needs. Listen to our patients and guests. Be courteous. Speak clearly and avoid jargon. When you pass a patient or guest off to someone else, take personal responsibility to follow through. Educate families about procedures and provide a comfortable atmosphere for waiting.

7 Make a Point

Escort our patients and guests to their destination, whenever possible, or take them part of the way there. Avoid pointing.

8 Personal Accountability

Take pride in this organization as if you own it. Pick up litter and dispose of it properly. Contribute to the overall cleanliness of the environment. Accept the responsibilities of your job. Adhere to policies and procedures. Live the values of this organization. Hold each other accountable to follow the Min-Specs. You are NBHHD.

9 Always Strive to Exceed

Find ways to say "yes" to our patients and guests. Give options and think of ways you can exceed expectations. Use service recovery as a way to create an advocate. Thank our patients and guests for choosing North Big Horn Hospital District.

Provide examples of how you have demonstrated these expectations in past work or personal history:							



1115 Lane 12

Name

Lovell, WY 82431 (307) 548-5216 (307) 548-5217 Fax

APPLICANT SURVEY

Title VII of the Civil Rights Act of 1964 requires employers to "make and keep records relevant to the

The survey information will be kept confidential, will be kept separate from other personnel records, and will be used only for

Date

	Title of Position Applied for					
	How did you first learn of this position?					
	□ Newspaper ad		□ MALE			
	□ A friend or colleague	☐ A Community Organization				
	□ A Current Employee	□ Other	□ FEMALE			
Please check one box that best describes your race/ethnicity: White (Not of Hispanic Origin). All persons having origins in any of the original peoples of Education						
	Black (Not of Hispanic Origin). All persons having origin in one of the Black racial groups of Afr					
	Hispanic. All persons of Mo	Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American or other				
	Asian or Pacific Islander.	Asian or Pacific Islander. All persons having origins in any of the original peoples of the Far Ea				
	_ American Indian or Alaskan. All persons having origins in any of the original peoples of North					