



Hospital Housekeeping Systems

HOSPITAL HOUSEKEEPING SYSTEMS APPLICATION FOR EMPLOYMENT

Applications will remain active for 90 days.

Hospital Housekeeping Systems is a hospital service contractor doing business at _____.

Position desired _____ Full Time ___ Part Time ___ Relief ___ Temporary ___

Shifts you are available to work: All ___ Days only ___ Evenings only ___ Nights only ___

Can you work weekends? Yes ___ No ___ Can you work holidays? Yes ___ No ___

How do you intend to get to work? _____

Hospital operations may require any employee to work weekends, holidays, and any shift.

(Please Print)

Name: (Last)		(First)		(Middle)		Date:	
Address: (Street)						DL # State	
						Social Security #	
(City)		(State)		(Zip)		List any relatives employed at this facility and relationship:	
If not at the above address more than 1 year, please state previous address:							
(City)		(State)		(Zip)			
Have you ever been employed at this facility?						Home Phone:	
___ Yes Dept. _____ ___ No						Cell Phone:	
Who referred you to us? ___ Neighbor ___ Friend ___ Employee ___ Newspaper Ad ___ Other							
Are you over 18 years of age? ___ Yes ___ No				Minimum Salary?			
Are you legally authorized to work in the U.S.? ___ Yes ___ No Indicate Visa type _____							
Are you willing to take a drug test? ___ Yes ___ No							
Can you perform the Essential Functions (as indicated below) with or without reasonable accommodation? ___ Yes ___ No							
ESSENTIAL FUNCTIONS:							
<ul style="list-style-type: none"> - Able to lift 0 to 40 lb. frequently. - Must have communications skills in English. - Capable of standing, walking, squatting, bending, twisting, kneeling, and reaching continuously throughout the shift. - Capable of pushing and pulling a maid cart, linen cart, or equipment (over 100 lb.) on tile and carpeted floors continuously throughout the shift. - Capable of pushing and pulling furniture and equipment (25 to 100 lb.) frequently. - Capable of lifting furniture and equipment (up to 25 lb.) frequently. - Capable of climbing ladders frequently. - Must be able to work weekends, holidays, and evening hours as needed per area assignment. - Frequent interaction with facility employees requires the ability to communicate well with others in English. 							
Education							
Schools	Name & Address			Circle Grades Completed	Degree	Areas of Specialization	
High School				1 2 3 4			
College				1 2 3 4			
Other							



HOSPITAL HOUSEKEEPING SYSTEMS

Hospital Housekeeping Systems

APPLICATION FOR EMPLOYMENT - CONTINUED

Please give complete employment information for the past three jobs. Start with the most recent or present employer.

Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day Last day
Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day Last day
Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day Last day

Comments regarding lapses between times when employed, if applicable.

Other experiences, skills, or qualifications that you feel would especially suit you for work.

If presently employed, why do you desire to change? _____



Hospital Housekeeping Systems

HOSPITAL HOUSEKEEPING SYSTEMS APPLICATION FOR EMPLOYMENT - CONTINUED

Have you ever been convicted of a felony? _____ Yes _____ No

Note: A conviction will not necessarily bar you from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration.

If yes, please give date and disposition of case: _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury to my supervisor. **All team members that are injured are subject to a drug test.**

I certify that the information given is true and correct. I understand that any false or misleading answers to these questions will be sufficient basis for termination of employment and/or denial of benefits. I also understand that my answers will be verified by investigation.

I understand that my employment would be for no definite term. Upon my termination, I authorize the release of information as to my work performance, character, and reason for my leaving; and I release HHS from any and all liability resulting from such release of information.

I agree to wear or use all protective clothing or devices required by HHS and to comply with all safety policies and procedures. I further understand that due to the nature of this business, an exceptional record of attendance, promptness, and dependability is required of all HHS employees.

I agree to complete a medical questionnaire and/or a physical exam after hire.

I agree to abide by HHS' Team Member Rules and Agreements.

_____ Date

_____ Signature of Applicant

As an Equal Opportunity Employer, HHS complies fully with state and federal laws prohibiting discrimination because of age, race, color, religion, sex, national origin, or handicap. Thank you for your interest in Hospital Housekeeping Systems.

For Office Use Only

Interviewer's Remarks: _____

Disposition: _____

Interviewed by: _____

Date: _____

2 Reference Checks Required!
If 2 professional references cannot be obtained then
a professional and a personal is acceptable.



Hospital Housekeeping Systems

FOR MANAGEMENT PURPOSES ONLY

REFERENCE CHECKS

Team Member Name: _____ **PC #/Name:** _____

Date: _____ Reference: _____ Spoke With: _____

Phone: _____ Their Position: _____

Information on Applicant

Position Held: _____ Dates of Employment: _____

Eligible for re-hire? Yes No

If "No," why? _____

Reason for leaving: _____

Characteristic	Excellent	Good	Average	Unsatisfactory	Poor	Not Provided
Quantity of Work						
Dependability						
Attendance						
Cooperativeness						
Knowledge						

Comments: _____

References Taken by: _____

.....
Date: _____ Reference: _____ Spoke With: _____

Phone: _____ Their Position: _____

Information on Applicant

Position Held: _____ Dates of Employment: _____

Eligible for re-hire? Yes No

If "No," why? _____

Reason for leaving: _____

Characteristic	Excellent	Good	Average	Unsatisfactory	Poor	Not Provided
Quantity of Work						
Dependability						
Attendance						
Cooperativeness						
Knowledge						

Comments: _____

References taken by: _____