

**MISSION, VALUES, AND VISION  
COMMITMENT**

**MISSION: *Why do we exist?***

To make a positive difference in the lives of individuals with chronic critical illnesses and *complex* respiratory conditions in post-acute settings.

**VALUES: *What do we believe in and how will we behave?***

- **Continuous Improvement** to deliver best outcome
- **Collaboration** to improve patient care
- **Efficiency** in clinical services delivery
- **Respect** for patients, families and coworkers

**VISION: *What do we aspire to be?***

To be the best in the care of individuals with complex respiratory conditions in post-acute setting.

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**COMMITMENT**

**My signature below signifies that I have read the Barlow Mission, Values, and Vision Statement and commit to making these values a part of my everyday job performance at Barlow Respiratory Hospital, and to reinforce the values with my colleagues. I understand that these values and their associated behaviors represent the culture we strive to achieve.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS SIGNATURE PAGE WITH YOUR  
APPLICATION.**

**APPLICATION FOR EMPLOYMENT**  
OUR VALUES: CONTINUOUS IMPROVEMENT, COLLABORATION, EFFICIENCY, RESPECT

**PERSONAL INFORMATION** COMPLETED ON: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
Street City State/Zip

EMAIL: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

SHIFT DESIRED: \_\_\_\_\_ DATE AVAILABLE TO WORK: \_\_\_\_\_

HAVE YOU WORKED AT BARLOW BEFORE: \_\_\_\_\_ IF YES, WHEN?: \_\_\_\_\_

HOW DID YOU HEAR OF BARLOW?: \_\_\_\_\_ NAME: \_\_\_\_\_

IF EMPLOYED, CAN YOU FURNISH PROOF OF LEGAL RIGHT TO WORK IN THE UNITED STATES?: \_\_\_\_\_

CAN YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITHOUT ANY ACCOMMODATION?: \_\_\_\_\_

IF NO, WHAT ACCOMMODATION DO YOU REQUIRE?: \_\_\_\_\_

**EDUCATION AND TRAINING**

TYPE OF SCHOOL	NAME/LOCATION	YEARS COMPLETED	DEGREE/CERTIFICATE
High School			
Technical School			
College/University			
Other			

**WHAT LICENSES/CARDS DO YOU HOLD?** **LIST ANY SPECIAL SKILLS OR ABILITIES WHICH QUALIFY YOU FOR THE POSITION YOU SEEK**

Professional License #		
ICU certification		
CPR card		
ACLS card		
FIRE card		

**EMPLOYMENT HISTORY (Account in full for the past 10 years. Begin with most recent employer.)**

EMPLOYER NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month/Year Month/Year  
SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
MAY WE CONTACT EMPLOYER? \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month/Year Month/Year  
SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

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JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Month/Year Month/Year  
SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

**If unemployed for any period of time, list dates and reason.**

\_\_\_\_\_

1. Employment with Barlow Respiratory Hospital is for an unspecified term and is "at-will".
2. I certify the answers given on this application are true and without omissions. I authorize Barlow Respiratory Hospital to investigate the foregoing and any other information which may assist the hospital in determining my suitability for employment. I understand that falsification or misrepresentation of any information may result in my not being considered for employment or in my being discharged.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_