

**Healthcare Laundry Accreditation Council**

**Inspector Application**

Thank you for applying for an HLAC Inspector position

Please provide the following information:

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| **CONTACT INFORMATION** | |
| **Application Date** |  |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Street Address** |  |
| **City/State/Zip Code** |  |
| **Country** |  |
| **Work Phone** |  |
| **Work Fax** |  |
| **Work E-Mail** |  |
| **Cell Phone** |  |
| **Home Street Address** |  |
| **City/State/Zip Code** |  |
| **Country** |  |
| **Home Phone** |  |
| **Home Fax (if applicable)** |  |
| **Home E-Mail (if applicable)** |  |

**LANGUAGE** (Please mark all that apply)

\_\_\_\_\_ French/English; \_\_\_\_\_ Spanish/English; \_\_\_\_\_ English

**EDUCATION** (Please list all Degrees) [If necessary, list on separate sheet]

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**ADDITIONAL CREDENTIALS** (Please list all credentials, certifications or licensures) [If necessary, list on separate sheet]

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**HEALTHCARE INDUSTRY EXPERIENCE** (Summarize your experience in the healthcare industry) [If necessary, list on separate sheet]

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**HEALTHCARE LAUNDRY WORK EXPERIENCE** (Summarize your healthcare laundry experience, including number of years. Please list in reverse chronological order with current status listed first.) [If necessary, list on separate sheet]

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**OTHER HEALTHCARE RELATED ACTIVITIES** (Can include, but not limited to, participation in other healthcare organizations or hospitals/healthcare committees and task forces) [If necessary, list on separate sheet]

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**WHY DO YOU WISH TO BECOME AN HLAC INSPECTOR?** (Summarize your rationale, strengths and talents to be an HLAC Inspector) [If necessary, list on separate sheet]

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**PEER REFERENCES [CANNOT BE CURRENT HLAC BOARD MEMBERS OR INSPECTORS]:** (Please provide the names of at least three (3) references with a minimum of two professional references. Select industry-relevant associates who can attest to your skills and qualities.)

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| **PEER REFERENCE #1** | |
| **Name (printed)** |  |
| **Title/Company** |  |
| **Telephone Number** |  |
| **Cell Phone Number** |  |
| **E-mail Address** |  |
| **PEER REFERENCE #2** | |
| **Name (printed)** |  |
| **Title/Company** |  |
| **Telephone Number** |  |
| **Cell Phone Number** |  |
| **E-mail Address** |  |
| **PEER REFERENCE #3** | |
| **Name (printed)** |  |
| **Title/Company** |  |
| **Telephone Number** |  |
| **Cell Phone Number** |  |
| **E-mail Address** |  |

**APPLICANT’S FACILITY – ACCREDITED?**

If you own or manage a healthcare facility, is it accredited? **\_\_\_\_\_\_ YES \_\_\_\_\_\_ NO**

If yes, please indicate accreditation date. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If no, does the facility plan to become accredited? **\_\_\_\_\_\_ YES \_\_\_\_\_\_ NO**

**AGREEMENT SIGNATURE**

By submitting this application, I have read and understand the requirements for serving as an HLAC Inspector and shall fulfill the responsibilities and commitments of an HLAC Inspector to the best of my ability and as outlined in the HLAC Inspector Independent Contractor Agreement. I agree to have my name, biographical information, and picture published on the HLAC website.

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| **Name (printed)** |  |
| **Signature** |  |
| **Date** |  |

**APPLICATION AND PHOTO SUBMISSION AND DEADLINE**

Please submit this application no later than **August 17, 2018,** online or mail hard copies to:

HLAC

P.O. Box 1306

Plainfield, IL 60544

Your **PHOTO** (as a .jpg) and any additional information you wish the hiring committee to review (i.e., resume) are also due by **August 17, 2018**; email to [**admin@hlacnet.org**](mailto:admin@hlacnet.org)

Individuals chosen as HLAC inspectors must attend a mandatory Inspectors Training session on **November 12, 2018**.

**HLAC POLICY**

The HLAC policy is to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form.**