

EMPLOYMENT APPLICATION

Please Print in Ink

In considering your application for employment, the facility may conduct a detailed and thorough investigation, which may include but is not limited to criminal record check, interviews or inquiries of prior employers, coworkers, acquaintances, relatives or friends.

Personal					
Last Name	First Name	Middle			
Present Address					
City	State	Zip			
Permanent Address					
City	State	Zip			
Any previous name(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify all other names including maiden name:					
Social Security Number	Home Telephone Number	Contact Telephone Number			
Best time to contact you:	Date available for work:	Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary			
Would you consider working: Weekends & Holidays <input type="checkbox"/> YES <input type="checkbox"/> NO Rotating Shifts <input type="checkbox"/> YES <input type="checkbox"/> NO On Call <input type="checkbox"/> YES <input type="checkbox"/> NO Any shift <input type="checkbox"/> YES <input type="checkbox"/> NO	Shift Preference: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	Are you a U.S. citizen or an alien legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Applied for:			Salary desired:		
How were you referred to our Hospital?					
Relatives or friends employed here? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Name:		Dept:		Relationship:	
Have you been employed here in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, when:		
Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Long Range Occupational Goals:					
Have you ever been convicted of, or plead guilty to a crime (excluding misdemeanor traffic violations)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, explain:					
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state of the United States?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, explain:					
<small>If your answer is "yes" to either of the above, you will not automatically be disqualified from employment consideration, except as required by state or federal law.</small>					
Education/Skills					
School	Name and Address of School	Course of Study	Circle last year completed	Did you graduate?	List diploma or degree
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Business College or special courses: (Include special military training, post graduate and nursing)			
Area(s) of specialization or major interest:	Typing: Approx. WPM	Shorthand: Approx. WPM	
List healthcare, business, or industrial equipment operated:			
Professional Licenses			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently licensed <input type="checkbox"/> Currently registered <input type="checkbox"/> Eligible for license <input type="checkbox"/> Eligible for registration License or registration <u>ever</u> suspended, revoked or on probation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:			
Professional Certifications			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for Certification			
Type:	State:	Date:	Number:
<input type="checkbox"/> Currently Certified <input type="checkbox"/> Eligible for Certification			
Language – DO NOT COMPLETE UNLESS REQUESTED			
Language	Do you speak? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you read? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you write? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Language	Do you speak? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you read? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent	Do you write? <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Fluent
Armed Services/Volunteer Information			
Did you serve in this U.S. Armed Services? <input type="checkbox"/> YES <input type="checkbox"/> NO What branch?			
Have you volunteered your time or services? <input type="checkbox"/> YES <input type="checkbox"/> NO Where?			
Briefly describe duties and skills acquired through military or volunteer service (include dates):			
Previous Experience – Provide information regarding previous employment beginning with most recent employer			
From:	To:	Supervisor's Name:	Salary (Hr/Mo/Yr)
Job Title: _____			
Employer Name: _____			
Address: _____			
Duties: _____			
Reason for leaving: _____			

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Job Title: _____

Employer Name: _____

Address: _____

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Please identify and explain any gaps in employment longer than three (3) months:

References – List three (3) references who are not relatives			
Name and Relationship	Title	Company Name & Address	Telephone

Signature – CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter unto any agreement to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date: ___ / ___ / ___ Signature: X

For Office Use Only

To be completed after employed

Hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
References Checked and By whom:	
Reference #1	Date:
Reference #2	Date:
Reference #3	Date:
Personnel Notes (these notes are open to inspection – keep information factual)	
If applicant is 18 years old or less, is proof of age on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer's Signature: X	
Starting date: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	Completion of evaluation period
	Approved by:
Department	Cost Center
	Signature: X
Position/Job Site	<input type="checkbox"/> Full Time <input type="checkbox"/> On call status <input type="checkbox"/> Part Time <input type="checkbox"/> Rotation
Starting Salary/Grade	Differential
Shift	Employee Number

Notify in case of emergency:

Name	Relationship	Address	Telephone