



Application for Employment

A7940-LP 03/03

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Date _____ This application to be active for a period of _____ days only.

Applicant Name (Please Give Complete Name) _____ Are You At Least 18 Years Old? Yes No Social Security No. _____ Home Phone _____

Present Address (Include City State Zip Code) _____

Previous Address (If at Present Address Less Than 12 Months) _____ E-mail Address _____

Current Open Position(s) for Which You Are Applying

1) _____	2) _____	3) _____
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Type of Position
 Per Diem Pool
 Full Time PRN
 Part Time Temporary

Shift
 Day Weekend
 Evening Night Rotation

Salary Requirement _____ Are You Willing to Travel? Yes No Are You Willing to Relocate? Yes No Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? Yes No

If overtime work is required periodically, does this pose a problem for you? Yes No Date Available For Work _____ Are You Legally Authorized to Work in the U.S.? Yes No

Have you ever worked at this facility Yes No If yes, what facility? _____ Are you related to another facility employee? Yes No

How did you learn about this position?
 State Employment Commission
 Agency Ad
 Job Listing School
 Current Employee Job Line
 Other _____ Internet

Are you able to perform the essential, job related functions of the position for which you are applying with or without accommodations? Yes No

Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes No Arrest or charges that have been expunged need not be disclosed. If yes, give date, place and nature of each such conviction.

Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program? Yes No

Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) _____ To (Year) _____	
Other		From (Year) _____ To (Year) _____	

List any professional licenses, registration or certification you possess (Include Drivers License, if applicable)

Type	State Issued	Expiration Date	Number

Clerical or other skills applicable to the position for which you are applying

Typing (_____ wpm) PBX

Proficient in Software: _____

Business machines and/or equipment you can operate: _____

Other: _____

Application for Employment

A7940-LP 7/02

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.										
Current or Most Recent	Mo	From	Yr	Mo	To	Yr	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address					May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name while employed
	Job Title						Other reference with this employer			Reason for leaving
	Nature of Duties									
1st Previous	Mo	From	Yr	Mo	To	Yr	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address							Name while employed
	Job Title									Reason for leaving
	Nature of Duties									
2nd Previous	Mo	From	Yr	Mo	To	Yr	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address							Name while employed
	Job Title									Reason for leaving
	Nature of Duties									
3rd Previous	Mo	From	Yr	Mo	To	Yr	Company	Phone No. ()	Immediate Supervisor	
	Salary \$		Address							Name while employed
	Job Title									Reason for leaving
	Nature of Duties									

Professional References (Other than Relatives) Give two references who have good knowledge of your work.				
Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

<p>Please Review and Sign Where Indicated.</p> <p>In making application for employment:</p> <ul style="list-style-type: none"> • I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. • I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 	<ul style="list-style-type: none"> • I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. • I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. • Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy. 	<ul style="list-style-type: none"> • I agree to immediately disclose to the Company any debarment suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract. • I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.</p>
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<p>I have read and understand these conditions of employment. </p>	<p>Applicant Signature _____</p> <p style="text-align: right;">Date Prepared _____</p>
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Office Use Only	<input type="checkbox"/> Referred to Department _____ <input type="checkbox"/> Recommended Employment _____ Date _____	<input type="checkbox"/> Hold for Future Opening _____ By _____	<input type="checkbox"/> Not Qualified for Opening _____ <input type="checkbox"/> References Checked _____
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