



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position Applied for _____ Date of Application _____

Last Name _____ First Name _____ Middle _____

Address _____ City _____

State _____ Zip code _____ Email Address (optional) _____

Telephone Number(s) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____ When _____

Have you ever been employed with us before? _____

Are you currently employed? _____

May we contact your present employer? If so, please provide their name and contact information:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____ -Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work _____ Full time _____ Part time _____ Shift work _____ Temporary

Are you currently on "lay off" status and subject to recall? _____

Can you travel if the job requires it? _____

Have you been convicted of a felony within the last 7 years? _____

conviction will not necessarily disqualify an applicant from employment

EDUCATION

Elementary School

High School

College

Other

School Name and Location				
Years Completed (circle one)		9 - 10 - 11 - 12	1 - 2 - 3 - 4	
Diploma/Degree				
Describe Course Study				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

References: Please give name and phone number of three references who are not related to you and are not previous employers

Name: _____ Phone Number: _____

How to you know this person: _____

Name: _____ Phone Number: _____

How to you know this person: _____

Name: _____ Phone Number: _____

How to you know this person: _____

EMPLOYMENT EXPERIENCE- Start with your **PRESENT or LAST JOB**. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer: _____ **Dates Employed(month/year):** From _____ to _____

Address: _____ City: _____ State: _____

Phone Number: _____ Job Title: _____ Start Salary: _____ Final Salary: _____

Supervisor: _____ Reason for leaving: _____

Describe work performed: _____

Employer: _____ **Dates Employed(month/year):** From _____ to _____

Address: _____ City: _____ State: _____

Phone Number: _____ Job Title: _____ Start Salary: _____ Final Salary: _____

Supervisor: _____ Reason for leaving: _____

Describe work performed: _____

Employer: _____ **Dates Employed(month/year):** From _____ to _____

Address: _____ City: _____ State: _____

Phone Number: _____ Job Title: _____ Start Salary: _____ Final Salary: _____

Supervisor: _____ Reason for leaving: _____

Describe work performed: _____

Employer: _____ **Dates Employed(month/year):** From _____ to _____

Address: _____ City: _____ State: _____

Phone Number: _____ Job Title: _____ Start Salary: _____ Final Salary: _____

Supervisor: _____ Reason for leaving: _____

Describe work performed: _____

Special Skills and Qualifications: Summarize special job related skills and qualifications acquired from employment and other experiences. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application or employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered for a period of time- not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employee relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR HOSPITAL INTERNAL USE ONLY

Interview Yes No Date: _____ Time: _____

Remarks: _____

Working Interview Yes No Date: _____ Time: _____

Employed Yes No Start Date: _____ FT PT

Job Title: _____ Hourly Rate/Salary: _____

Notes:

