

APPLICATION FOR EMPLOYMENT

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

This Application will remain active for a period up to 6 months from the date of application.

_____ Date of Application

PERSONAL INFORMATION

Last Name	First	Middle	
Street Address	City	State	Zip
Telephone (including area code)			

BASIC INFORMATION

Position(s) Applied For: _____

Shift you can work:	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights	<input type="checkbox"/> Either	Hours desired:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> PRN	<input type="checkbox"/> Temp
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How did you learn of this opening? _____

Date you can start: _____ Have you ever applied to this Hospital before? Yes No

Have you ever worked for this Hospital before? Yes No When? _____ Supervisor _____

Reason for Leaving _____

EMPLOYMENT HISTORY

Start with your present or most recent job and cover your last four jobs. Include any job-related military service assignments, self-employment, summer and part-time jobs.

1	Company	Address		Telephone
	Date Employed: From _____ To _____	Starting Salary	Leaving Salary	Supervisor
	Your Duties:			
	Reason for Leaving:			
2	Company	Address		Telephone
	Date Employed: From _____ To _____	Starting Salary	Leaving Salary	Supervisor
	Your Duties:			
	Reason for Leaving:			
3	Company	Address		Telephone
	Date Employed: From _____ To _____	Starting Salary	Leaving Salary	Supervisor
	Your Duties:			
	Reason for Leaving:			
4	Company	Address		Telephone
	Date Employed: From _____ To _____	Starting Salary	Leaving Salary	Supervisor
	Your Duties:			
	Reason for Leaving:			

May we contact your present employer at this time? Yes No

REFERENCES (not former Employers or Relatives)

Name	Address	Phone Number

EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT UNDERSTANDING (Please read and Sign)

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places, as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that if hired my employment is **AT-WILL**, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three (3) days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature _____ Date _____