



**GENERAL**

HAVE YOU EVER WORKED HERE BEFORE?      YES      NO      IF YES, WHEN? \_\_\_\_\_  
HAVE YOU EVER APPLIED HERE BEFORE?      YES      NO      IF YES, WHEN? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING FOR THE HOSPITAL:

**We do not discriminate on the basis of race, religion, national origin, color, age, sex, veteran status, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.**

**Instructions**

1. SINCE WE PLAN TO CONTACT PREVIOUS EMPLOYERS, IT IS IMPORTANT THAT YOU PROVIDE CORRECT TELEPHONE NUMBERS.
2. PLEASE BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

**WORK HISTORY**

**MOST RECENT EMPLOYER**      MAY WE CONTACT THIS EMPLOYER?      YES      NO  
ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER?      YES      NO

COMPANY NAME      CITY      STATE      JOB TITLE      PHONE NUMBER  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ \$ \_\_\_\_\_  
DATES EMPLOYED      SALARY      SUPERVISOR'S NAME  
REASON FOR LEAVING      WHO DO YOU SUGGEST WE CONTACT

DUTIES

**SECOND MOST RECENT EMPLOYER**      MAY WE CONTACT THIS EMPLOYER?      YES      NO

COMPANY NAME      CITY      STATE      JOB TITLE      PHONE NUMBER  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_ \$ \_\_\_\_\_  
DATES EMPLOYED      SALARY      SUPERVISOR'S NAME  
REASON FOR LEAVING      WHO DO YOU SUGGEST WE CONTACT

DUTIES

**THIRD MOST RECENT EMPLOYER**

MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY NAME CITY STATE

JOB TITLE PHONE NUMBER

FROM: TO: DATES EMPLOYED

\$ SALARY

SUPERVISOR'S NAME

REASON FOR LEAVING

WHO DO YOU SUGGEST WE CONTACT

DUTIES

**FOURTH MOST RECENT EMPLOYER**

MAY WE CONTACT THIS EMPLOYER? YES NO

COMPANY NAME CITY STATE

JOB TITLE PHONE NUMBER

FROM: TO: DATES EMPLOYED

\$ SALARY

SUPERVISOR'S NAME

REASON FOR LEAVING

WHO DO YOU SUGGEST WE CONTACT

DUTIES

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN?  
(IF YES, PLEASE EXPLAIN BELOW)

YES NO

**SECURITY**

LIST STATE AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN (07) YEARS

	STATE	COUNTY	YEARS IN RESIDENCE	
			FROM	TO
1.				
2.				
3.				
4.				

HAVE YOU EVER BEEN CONVICTED OF A FELONY LAW VIOLATION?  
(INCLUDE ANY PLEA OF "GUILTY" OR "NO CONTEST" )

YES NO

IF YES, PLEASE GIVE DETAILS (INCLUDE INCIDENT, CITY, STATE, AND CHARGE) :

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)

**FOR JOBS REQUIRING DRIVING: DO YOU HAVE APPROPRIATE VALID DRIVER'S LICENSE? YES NO**

LICENSE NUMBER \_\_\_\_\_ CLASS/TYPE \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS? YES NO

IF YES, PLEASE GIVE DETAILS:

**EDUCATION**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 13 14 15 16 16+

IF YOUR SCHOOL RECORDS ARE UNDER ANOTHER NAME THAN LISTED ON PAGE ONE, PLEASE ENTER THE OTHER NAME: \_\_\_\_\_

CURRENT PROFESSIONAL LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ STATE \_\_\_\_\_

	SCHOOL NAME	CITY & STATE	GRADUATE? YES OR NO	DEGREES & MAJORS
HIGH SCHOOL				
COLLEGE				
UNIVERSITY				
ARMED FORCES				
OTHER				

**ADDITIONAL TRAINING**

WHAT OTHER TRAINING DO YOU HAVE THAT IS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

**REFERENCES**

**Instructions**

- 1. Include only individuals familiar with your work ability or related education.
- 2. Do not include relatives.
- 3. Do not include former employers.

	NAME	CITY, STATE	PHONE NUMBER	YEARS KNOWN /RELATIONSHIP
1.				
2.				
3.				

**AFFIDAVIT**

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**Instructions**

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

**I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. \_\_\_\_\_ (Initials)**

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics, and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I can obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability for making such statements.

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a pre-employment screening process that may include; a criminal history screen, credit history screen and/or education confirmation. I consent to the release of any or all records as may be deemed necessary to judge my capability to do the work for which I am applying.

UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE ADMINISTRATOR OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE ADMINISTRATOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

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Signature

Date