



APPLICATION FOR EMPLOYMENT

(Please Print)

Name _____ Home Phone No. (____) _____
 First MI Last

Present Address _____
 No. Street City State Zip

Cell Number (____) _____ Email _____

Do you have a legal right to be employed in the United States? Yes No Are you over the age of 18? Yes No

Why do you choose hospital work? _____

What prompted you to apply here for employment? _____

Are you related to anyone in our employ? Who and how? _____

Have you ever been convicted of a crime? If yes, explain. _____

COMPANY EXPERIENCE

Have you worked for this hospital before? _____ Dates: From _____ To: _____

Department _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Position applying for _____ Full Time Part Time PRN Temporary

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name	City, State	Did you graduate?	Type of Courses or Major
College				
Technical School				
High School				
Other				

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITION(S) HELD		
	ADDRESS, CITY, STATE, ZIP	FROM	TO	ENDING RATE OF PAY		
	PHONE NO. ()	DUTIES/RESPONSIBILITIES				
	TYPE OF BUSINESS					
	NAME OF SUPERVISOR	REASON FOR LEAVING				
2	COMPANY NAME	DATES WORKED		POSITION(S) HELD		
	ADDRESS, CITY, STATE, ZIP	FROM	TO	ENDING RATE OF PAY		
	PHONE NO. ()	DUTIES/RESPONSIBILITIES				
	TYPE OF BUSINESS					
	NAME OF SUPERVISOR	REASON FOR LEAVING				

3	COMPANY NAME	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	ENDING RATE OF PAY
	PHONE NO. ()	DUTIES/RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

4	COMPANY NAME	DATES WORKED		POSITION(S) HELD
	ADDRESS, CITY, STATE, ZIP	FROM	TO	ENDING RATE OF PAY
	PHONE NO. ()	DUTIES/RESPONSIBILITIES		
	TYPE OF BUSINESS			
	NAME OF SUPERVISOR	REASON FOR LEAVING		

WORK REFERENCES

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY CITY STATE		PHONE NO.	

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY CITY STATE		PHONE NO.	

NAME	YEARS KNOWN	RELATIONSHIP AND TITLE	
COMPANY CITY STATE		PHONE NO.	

EMPLOYMENT UNDERSTANDING
(Please acknowledge that you have read and understand the following by signing below.)

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 ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and criminal history information. I 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 a 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 and/or drug screen which relates to the essential duties I would be required to perform.

I understand that 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 days show satisfactory evidence of identity and eligibility for employment.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Applicant's Signature

_____ Date