APPLICATION FOR EMPLOYMENT

PARMER MEDICAL CENTER

(Please Print)

PARMER	Name:			Home Phone_()				
M E D I C A L C E N T E R	First	MI	Last						
Present AddressNo.	Street		City	State	 Zip				
		Email	-	Otato					
Do you have a legal right t	o be employed in the United State	es? \square Yes	\square No	Are you over the age of 18?	☐ Yes ☐ No				
Why do you choose hospit	al work?								
What prompted you to app	ly here for employment?								
Are you related to anyone	in our employ? Who and how? _								
Have you ever been convi	cted of a crime? If yes, explain								
COMPANY EXPERIENCE									
Have you worked for this h	ospital before?	Dates: Fror	n	To:					
Department		Rate of Pay_	Pos	sition					
Reason for leaving									
		GENE	RAL						
Position applying for			ull-Time	Part-Time PRN	Temporary				
Who referred you?			Rate of pa	ay expected					
	EDU	ICATIONAL I	BACKGRO	DUND					
Type of School	Name	City	, State	Did you graduate?	Type of Courses or Majo				
College									
Technical School									
High School									
Other									
LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT									
1. COMPANY NAME		DATE	S WORKED	POSITION(S) HELD					
ADDRESS, CITY, STATE, ZIP			ENDING RATE OF PAY						
,,	•	DUTI	ES/RESPON	I ISIBILITIES					
PHONE NO ()									
TYPE OF BUSINESS		REAS	REASON FOR LEAVING						
NAME OF SUPERVISOR									
2. COMPANY NAME		DATE	S WORKED	POSITION(S) HELD					
ADDRESS, CITY, STATE, ZIP			ENDING RATE OF PAY						
PHONE NO (DUTI	DUTIES/RESPONSIBILITIES						
PHONE NO () TYPE OF BUSINESS									
TIPE OF BUSINESS		REAS	REASON FOR LEAVING						
NAME OF SUPERVISOR									

			<u> </u>					
3. COMPANY NAME			DATES WO	RKED	POSITION(S) HELD			
ADDRESS, CITY, STATE, ZIP					ENDING RATE OF PAY			
PHONE NO. ()			DUTIES/F	DUTIES/RESPONSIBILITIES				
TYPE OF BUSINESS								
NAME OF SUPERVISOR			REASON	REASON FOR LEAVING				
4. COMPANY NAME			DATES WO	DATES WORKED POSITION(S) HELD				
ADDRESS, CITY, STATE, ZIP					ENDING RATE OF PAY			
PHONE NO ()			DUTIES/F	DUTIES/RESPONSIBILITIES				
TYPE OF BUSINESS								
			REASON	REASON FOR LEAVING				
NAME OF SUPERVISOR								
WORK REFERENCES								
NAME			YEARS KNOWN	RELA	ATIONSHIP AND TITLE			
COMPANY	CITY	STATE		PHO	NE NO.			
NAME			YEARS KNOWN	RELA	TIONSHIP AND TITLE			
COMPANY	CITY	STATE		PHON	NE 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.								
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.								
f 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 m	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.								

Date

Applicant's Signature