

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



REGIONAL
MEDICAL
CENTER

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

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Are you seeking employment? Full-time Part-time Temporary

When could you start work? _____

Last Name

First Name

Middle Name

Telephone Number

Present Street Address

City

State

Zip Code

Are you 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age.)

Social Security Number _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except minor traffic violations) ? Yes No

If yes, give details _____

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offence, date, and the job in which you are applying will be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subject Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied: _____		

SPECIAL SKILLS

What skills or additional training do you have that are 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? _____

For Driving Jobs Only: Do you have a valid drivers licence? Yes No

Drivers Licence Number _____ Class of Licence _____

Have you had your drivers licence suspended or revoked in the last 3 years? Yes No

If yes give details: _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employers in consecutive order with present or last employment listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

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.

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 I have a right to make a written request within a reasonable time for the disclosure and the name and address of the consumer reporting agency so that I may 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 any person, school, current employer (except as previously noted), past employer and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons or organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successful passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OR THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

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

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.