

# APPLICATION FOR EMPLOYMENT

Please fill in ALL spaces. Enter N/A if item does not apply to you.

## Personal Information

Name	Last	First	Middle	Preferred Name	Date of Birth
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Address	Street	Phone #
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City	State	Zip Code	Position Desired
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Training for this position	(Formal education shown on other side of form)
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Other Specialized Training or Experiences	(Not Necessarily for this job)
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Current Employer	Reason for Desiring Change
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Why do you choose hospital work?
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What prompted you to apply here for Employment?	Are you related to anyone in our company? Who and How?
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Professional License Number (if applicable)	Type of License	State
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Hobbies
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In Case of Emergency Notify	Name	Relationship to you		
	Address - Street	City	State	Zip code

## EMPLOYMENT UNDERSTANDING (Please read and sign)

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 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 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.

Signed \_\_\_\_\_ Today's Date \_\_\_\_\_

### Education

Name and Town of Schools and Colleges	Major Studied	Did you graduate?	Date of Graduation	Degree / Certificate
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		
		<input type="checkbox"/> No <input type="checkbox"/> Yes		

### Former Employers and Experience (References)

Name and Location of Employer	Phone Number	Period	
		FROM	TO

### Personal References (Not Relatives)

First Name - Last Name	Phone Number	Relationship to you?	How long have you known them?

### STOP - APPLICANT DO NOT WRITE BELOW (INTERVIEWER ONLY)

Interviewed by	Date of Interview	Start Date	Department Activities / AL / Dietary / Maintenance / SNF	FT / PT	Position/Shift

**Comments**

### REFERENCES CALLED

Name	Phone Number	Company or Relation to Applicant

**Comments**

**Comments**

References called by: