



Application for Employment

(Please Print Clearly)

An Equal Opportunity Employer

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

Personal Information

Last Name:		First Name:		Middle:
Address:			City:	
State:		Zip:	Phone:	
Phone:	Cell:	Email:		

Position applying For:			Expected Pay Rate: \$			
Please indicate Hours Available Below:						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
Would you work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			Days and Hours if Part Time:			
Were you previously employed by this hospital?				If yes, When?		
List any friends or relatives working at this location:			If your application is considered favorably, on what day will you be available for work?			

If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Are you 18 years of age or older? Yes No

Do you have a valid driver's license or State ID? Yes No

Have you had your driver's license revoked or suspended in the last 3 years? Yes No

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

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

If yes, please explain _____

Have you ever previously applied here? Yes No If yes, When? _____

Have you worked for any other employer under a different name? Yes No

If yes, what _____

Education Record

Name of School	Degree Obtained	Grade Ave.	Honors
High School			
College / University			
College (LVT Curriculum)			
Other:			

Do You Type? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office machines and computers you know how to operate?
WPM Typewriter:	
WPM Word Processor:	

Are there any work experiences, skills, or qualifications that you feel would help you in this line of work? _____

Personal References:

Name and Occupation	Address	Phone Number	Years Known

Professional References:

Name and Occupation	Address	Phone Number	Years Known

Work History (Begin with the most recent, list all past employers, including and pertinent military experience)

Name of Company:	Business Address:		Phone No.
Type of Business	Supervisor		Date employed From To
Job Title	Earnings at Hire	At Termination	Reason for termination
Description of Duties:			

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Type of Business	Supervisor		Date employed From To
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Description of Duties:			

Please Read Carefully

Affidavit

I certify that all information that I have provided in this application to be 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 obtained from neighbors, friends, former employers, schools and others. I understand that I have the right to make a written request in a reasonable amount of time for the disclosure of 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 school, current or past employers, 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 and organizations from liability in making such statements. I understand that this application or subsequent employment nor guarantee employment for any definite period of time. 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 cause and with or without notice. I have read, understand, and by my signature consent to these statements.

Signature:

Date: