

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT AND MAKE SURE ALL INFORMATION IS COMPLETE AND LEGIBLE.)

Date of Application _____

Position(s) Applied For _____

Referral Source _____ Advertisement _____ Friend _____ Relative _____
Walk-In _____ Employment Agency _____ Other (List) _____

NAME _____
Last First Middle Other/Maiden

ADDRESS _____
Number Street City State Zip Code

TELEPHONE (_____) _____ ALTERNATE PHONE NUMBER (_____) _____

If employed and you are under 18, can you furnish a work permit? _____

Have you filed an application here before? _____ If Yes, give date _____

Have you ever been employed here before? _____ If Yes, give date _____

Are you employed now? _____ May we contact your present employer? _____

Are you a United States Citizen? _____ (yes or no) If no, are you legally authorized to work in the U.S.? _____ (yes or no) If yes, describe status _____.

Pursuant to the Immigration Reform and Control Act of 1986, all applicants, upon being made an offer of employment, must produce documents establishing their identity and authorization for employment in the United States. You will also be required to sign form I-9 (issued by the Federal Government) verifying, under oath, your employment authorization.

On what date would you be available for work? _____

Are you available to work _____ Full Time _____ Part-Time _____ Shift Work

Have you been convicted of a felony within the last 7 years? _____ If Yes, please explain _____

Have you ever been excluded, debarred, suspended or otherwise deemed ineligible to participate in federal health care programs? _____ If yes, please explain. _____
(Conviction will not necessarily disqualify applicant from employment.)

AN EQUAL OPPORTUNITY EMPLOYER

NAME _____ SOCIAL SECURITY NUMBER _____

EMPLOYMENT EXPERIENCE: Start with your present or last job. Include military service assignments. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer _____ Dates Employed: From _____ To _____
Address _____ Hourly Rate/Salary: Starting _____ Final _____
City & State _____ Zip _____ Work Performed _____
Telephone _____
Job Title _____
Supervisor _____ Reason for Leaving _____

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Address _____ Hourly Rate/Salary: Starting _____ Final _____
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Telephone _____
Job Title _____
Supervisor _____ Reason For Leaving _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills and qualifications acquired from employment or other experience.

Personal References: Give name, address, and telephone number of three references who are not related to you and are not previous employers.

Name	Address	Phone
<hr/>		
<hr/>		

EDUCATION:	Name & Location	Years Completed	Degree Received
High School	<hr/>	<hr/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
College*	<hr/>	<hr/>	<hr/>
College Address	<hr/>		
Other	<hr/>		

*Note: Applications for professional and technical positions should include a copy of transcript of grades.

Honors received and additional information you feel may be helpful in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature Date

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

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Position(s) Applied For _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In
_____ Employment Agency Other (List) _____

NAME _____
Last First Middle Other

ADDRESS _____
Number Street City State Zip

TELEPHONE (____) _____ SOCIAL SECURITY NUMBER _____

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for statistical analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: _____ Male _____ Female

Check one of the following Race/Ethnic Groups:

_____ White _____ Black _____ American Indian
_____ Hispanic _____ Asian _____ Other (List) _____

Check if any of the following are applicable:

_____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

PLEASE READ BEFORE COMPLETING APPLICATION

- It is our policy to accept applications only when we have vacant positions.
- In completing your application form, please include complete addresses and/or telephone numbers for both personal and employment references.
- Your application will be kept in our active file for one year and reviewed when positions become available. If you wish to update or change any information, please contact us.

Thank you for applying at O'Bleness Memorial Hospital!
(An Equal Opportunity Employer)

CONSENT TO RELEASE INFORMATION

Please sign the following release form. This release will enable us to acquire your work and/or school records.

I HEREBY GIVE MY PERMISSION THAT THE PERSONNEL RECORDS FROM MY FORMER AND PRESENT EMPLOYER(S) OR SCHOOL BE FURNISHED TO THE HUMAN RESOURCES DEPARTMENT OF O'BLENESS MEMORIAL HOSPITAL AND DO RELEASE THE PLACE OR INDIVIDUAL PROVIDING INFORMATION FROM ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

Signature

Date

