

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

| | | | | |
|---|---|----------------------------|--------|--------------|
| Name - Last | | First | Middle | Today's Date |
| Address - Street | | Telephone No. | | |
| City | State | Zip | | |
| Position Desired | Training For This Position (Formal education shown on other side of form) | | | |
| Other Specialized Training or Experience (Not Necessarily for this Job) | | | | |
| Current Employer | | Reason For Desiring Change | | |
| Why Do You Choose Hospital Work? | | | | |
| What Prompted You To Apply Here for Employment? | | | | |
| Are You Related To Anyone In Our Employ? Who and How? | | | | |
| Professional License Number | Type | State | | |
| Hobbies | | | | |
| Name | | Relationship | | |
| Address | | Telephone | | |

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 _____

Date _____

EDUCATION

| Name and Location of Schools or Colleges | Major Subject(s) | Did You Graduate? | Date of Graduation (College/Occasional Only) | Type of Degree/Certification |
|--|------------------|--|--|------------------------------|
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date / / | |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date / / | |
| | | <input type="checkbox"/> No <input type="checkbox"/> Yes | Date / / | |

FORMER EMPLOYERS AND EXPERIENCE (References)

| Name and Address | Nature of Experience | Period | | Cash Salary | Other Compensation |
|------------------|----------------------|--------|----|-------------|--------------------|
| | | From | To | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PERSONAL REFERENCES (Not Relatives)

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

STOP - APPLICANT PLEASE DO NOT WRITE IN SPACE BELOW

Interviewed by _____ Date _____
 Date to Start Work _____ Department _____
 Position _____
 Remarks _____

COMPENSATION—
 I, the applicant, understand my compensation will be as follows:
 Month Week Hour
 Cash _____ \$ _____
 Other compensation at taxable value—
 Room _____ \$ _____
 _____ Meals a Day _____ Days a Week _____ \$ _____
 Laundry _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 TOTAL _____ \$ _____
 Position Temporary? _____
 Approved by _____ Title _____

RELEASE INTERVIEW

RESIGNED RELEASED ON LEAVE

Ability as _____
 Ability to work in a group _____
 Cooperation with others _____
 Intelligence; ability to grasp ideas _____
 Personality _____
 Initiative; Leadership _____
 Stability; Dependability; Punctuality _____
 Character; Integrity; Honesty _____
 Personal Appearance _____

CIRCLE RATING

| | | | | |
|-----------|------|---------|------|------|
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |
| Excellent | Good | Average | Fair | Poor |

Interviewed by _____ Date _____

Remarks _____

