



EMPLOYMENT APPLICATION

Personal

Name (last, first, middle) _____ Date _____

SSN _____ Phone: Home _____ Business _____ Cell _____

Street Address _____ City _____ State _____ Zip _____

Alternate Contact _____ Phone _____

If not a US Citizen, do you have a work permit? Yes No If yes, please give expiration date _____

Excluding minor traffic violations, have you ever been convicted of or plead guilty to a crime, pled nolo contendere or received a deferred sentence? Yes No If yes, please describe _____

(A conviction will not necessarily preclude you from employment.)

Job Preference

Position(s) for which you are applying, in order of preference: 1. _____ 2. _____ 3. _____

Check employment you desire: Full time Part time Other _____

Shift(s) you can work: _____ Day _____ Evening _____ Night _____ Date you can begin work _____

Will you work weekends and/or holidays? Yes No Minimum acceptable salary _____

Have you ever worked for Arbuckle Memorial Hospital? Yes No

If yes, give the department, your name at the time and the year _____

Are you related to anyone employed at Arbuckle Memorial Hospital? Yes No

If yes, give name, relationship and department _____

Education

Circle highest grade completed:	Year	Name & location of school	Major/Minor	Grad? Yes/No
High school 9 10 11 12 GED				
College or University 1 2 3 4				
Vocation/business school				
Nursing School				
Other training or graduate school				

Professional licenses and certifications (if you are licensed in your particular field, please answer)

Type	License number	Issue Date	Renewal Number	Renewal Date

Skills

Typing: _____ WPM Medical Terminology _____ Word Processing _____ Dictaphone _____ 10-key _____ PBX _____

Computer (type) _____ Word _____ Excel _____ Other _____

Other skills _____

Military Service (If Applicable)

Branch _____ Service Dates: From _____ To _____ Active Reserve

Recruitment Information

How did you learn about this position? _____

If you were recommended by a current employee, please name _____

Work Experience

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

Present (or most recent employer) _____ Business Phone _____

Address, City State Zip _____

Date Started _____ Date Ended _____ Supervisor _____ Ending Salary _____

Titles and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

May we contact your current employer? Yes No

Employer _____ Business Phone _____

Address, City State Zip _____

Date Started _____ Date Ended _____ Supervisor _____ Ending Salary _____

Titles and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

Employer _____ Business Phone _____

Address, City State Zip _____

Date Started _____ Date Ended _____ Supervisor _____ Ending Salary _____

Titles and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

Employer _____ Business Phone _____

Address, City State Zip _____

Date Started _____ Date Ended _____ Supervisor _____ Ending Salary _____

Titles and duties _____ FT PT Other _____

Reason for leaving _____ Your name while employed _____

Important—Please Read

APPLICATIONS ARE ACTIVE FOR 90 DAYS. I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in the application will result in my application being rejected or my employment terminated.

I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release AMH from any/all liability resulting from such investigation. I understand that AMH will not inform me of the details of any references received from previous employers.

I agree to submit to a physical examination including alcohol and drug screening if I am given a conditional job offer and understand that if I fail to pass or refuse, I may not be hired by AMH. AMH reserves the right to require its employees to submit to alcohol and drug screens and inspection of parcels brought into or taken out of the facility. I understand that refusal of such, when requested, could result in termination of employment.

I agree to conform to the system rules and regulations as made known to me at the time of employment or any subsequent time. I understand that I may be required to take pre-employment tests as deemed necessary by the hospital.

I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work, may be changed from time to time without notice by the hospital as it deems necessary and the hospital may terminate the employment relationship with or without cause or notice. I understand that neither this application nor any documents given to me while employed by AMH constitute an employment contract of any kind.

Arbuckle Memorial Hospital is smoke free.

Signature: _____ Date: _____