



# application for employment

All information must be completed. If a field does not apply to you, please place "NA" in the field.

Position Applied For

Full time    Part Time    Temporary    Relief

Shift(s) You Are Able To Work:    Day    Evening    Night    Rotating

## personal data

Name(Last, First, Middle):

Address (street/city/state/zip):

Telephone:

Social Security Number:

Are you 16 years of age or older?    Yes    No

If you have been known or employed by last names other than the one above, please list them:

Have you been employed by or volunteered at St. Anthony's Memorial Hospital?    Yes    No

If yes, when?

Under what last name?

Names of relatives now in our employ:

Have you been convicted or, or pleaded guilty to a crime?    Yes    No

If yes, describe in detail. (A criminal conviction is not an automatic bar to employment.)

## educational background

Schooling Level	Name & Address	Course of Study	Degree Obtained	Did you graduate?
Grade School		<del> </del>	<del> </del>	Yes    No
High School		<del> </del>	<del> </del>	Yes    No
College or University				Yes    No
Professional, Vocational, Technical, Business				Yes    No
Other				Yes    No

List any special skills you may have (school honors, clerical, secretarial, etc.)

## military status

Have you ever been a member of the military service?    Yes        No

If yes, Branch:

Rank when discharged:

Date Entered:

Date Discharged:

Special Skills Acquired:

## work history

List your work experience beginning with your most recent position

Firm name/address/supervisor/telephone	(month and year) From To Full Time Part Time	Job Title  Job Duties  Reason for leaving
Firm name/address/supervisor/telephone	(month and year) From To Full Time Part Time	Job Title  Job Duties  Reason for leaving
Firm name/address/supervisor/telephone	(month and year) From To Full Time Part Time	Job Title  Job Duties  Reason for leaving
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May we contact your present employer?    Yes        No

## professional registration or licensure

Type:

State:

License No:

I consent to any medical examination required by the facility at any time to determine my ability to perform the duties of my job or other jobs with the facility and I understand that my employment may be conditioned upon satisfactorily passing a physical examination. I understand I may be required to satisfactorily complete a drug screening and criminal background check as a condition of employment. I also understand that the facility may have a no-smoking policy and I agree to comply with its requirements. I understand and acknowledge that my employment is at-will, which means that either I or the employer may terminate employment at any time and for any reason with or without notice. I also understand that no one has any authority to enter into any agreement contrary to the preceding sentence except for a written agreement signed by the Chief Executive Officer and notarized. I hereby affirm that the information contained in this application (and resume, if any) is accurate and complete and I understand that any false or misleading information or omissions will disqualify me from employment consideration or result in termination of employment, regardless of when discovered. I hereby authorize the employer to (1) investigate all statements contained in this application; (2) contact my former employers and other listed references or any other persons who can provide information relative to my employment consideration; (3) contact any persons or entities regarding my employment application; (4) and make any other inquiries that the employer deems relevant in arriving at a decision regarding application for employment. I consent to any contacted person, including former employers, to provide information about me and I covenant not to sue any such person for information provided for me.

I consent

I do not consent

Date

## for hospital use only

Hire Date \_\_\_\_\_ Title \_\_\_\_\_ Regular Shift \_\_\_\_\_

Department \_\_\_\_\_ Pay Rate \_\_\_\_\_

F/T \_\_\_\_\_ P/T \_\_\_\_\_ Temporary \_\_\_\_\_ Relief \_\_\_\_\_

B/D \_\_\_\_\_ M/S \_\_\_\_\_ E/C \_\_\_\_\_

Family Physician \_\_\_\_\_