

Name _____

Date _____

HARDIN MEDICAL CENTER APPLICATION FOR EMPLOYMENT

**An
Equal
Opportunity
Employer**

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

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PERSONAL INFORMATION

Name (Print) _____ Home or Nearest Phone _____

Present Address _____ Social Security No. _____

(City) (State) (Zip)

Contact in Case of Emergency _____ (Name) _____ (Telephone Number)

If at present address less than one year, please give previous address _____

Are you at least 18 years of age? Yes No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the United States? Yes No
(Examples: driver's license, Social Security card, birth certificate, and/or Immigration and Naturalization Service Documents)

Position(s) applied for _____ How soon could you report to work? _____

Type of employment desired Full-Time Part-Time Temporary Rate of pay Expected _____

What days and hours, if part-time? Days _____ Hours _____
From () AM to () PM

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check Last Year Completed	Graduate? Show Degree
Elementary/Middle			5 6 7 8	
High School			9 10 11 12	
College			1 2 3 4	
Post Graduate				

Describe any other relevant specialized or professional training (such as business, technical or nursing schooling). Include study courses given through public or private employment. State whether degree or certificate received. _____

List membership in professional societies, honors, or fellowships received. _____

Professional licenses held _____ License Number _____

Expiration Date _____ Issued in what state _____

Certifications held _____

EMPLOYMENT HISTORY

Account for all periods of employment for the past 10 years, beginning with your present or last position and working back. An accurate description of your work in each position may be a factor in selecting you for employment or for promotion, transfer, or retention after employment.

Present or Last Employer	Street Address	City	State	May we Contact?
Name Under Which Employed	Employer's Phone	Starting Date Month / Year	Leaving Date Month / Year	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Starting Salary	Final Salary	Starting Position	Job Title	
Supervisor's Name and Title		Reason for Leaving		
Details of work performed				

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Starting Salary	Final Salary	Starting Position	Job Title	
Supervisor's Name and Title		Reason for Leaving		
Details of work performed				

Please use additional paper if you have had other employers

Names of three persons (not relatives, former employees, or personnel of this hospital) who have known you for at least two years.

Name	Address	Business and Position	Telephone

Have you applied for a job with us before? Yes No Have you ever worked for us before? Yes No

How did you come to apply? Employee Referral Former Employee High School Recruitment

College Recruitment Newspaper Ad Walk-In Other _____

Have you ever been bonded? Yes No Have you ever been refused a bond? Yes No

If yes, state reason and date: _____

Have you ever been convicted of a violation of the law except a minor traffic violation? Yes No

If yes, state date, court and place where offense occurred. _____

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

Have you ever been discharged or requested to resign from a position? Yes No

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

Have you ever held a position of trust (handling money or confidential material?) Yes No

If yes, briefly describe: _____

Do you have any reason to believe that you would have difficulty meeting this hospital's work schedules? Yes No

Job Applicant's Agreement and Certification

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the hospital unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the hospital retains the same right.”

“If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with hospital policies and procedures.”

“I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.”

“I understand that this application will be kept on active file for ____ days from the date completed, after which time I would have to reapply in accordance with established hospital procedures.”

(Signature of Applicant)

(Date)

