

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

Name - Last	First	Middle	Social Security No.	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				
IN CASE OF EMERGENCY NOTIFY	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/Vocational Only)	Type of Degree/ Certificate
		<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

CIRCLE RATING

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

Interviewed by _____ Date _____

Remarks _____
