

APPLICATION FOR EMPLOYMENT

Position(s) Applied for _____ Date of Application _____

Name _____

Address _____

Telephone Number(H) _____ (W) _____ Social Security Number _____

In Case of Emergency Notify: Name _____ Relationship _____ Telephone# _____

Referred By: _____ Employee _____ Newspaper _____ Internet Aol _____ Walk-In _____ Other _____

May we contact you at work? YES ___ NO ___ Work Phone Number _____

Have you ever been employed here? YES ___ NO ___ Date _____

If yes, explain why you left employment at HADH _____

Are you legally eligible for employment in this country? YES ___ NO ___

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired ---- Full Time ___ Part Time ___ Temporary ___ PRN ___

Shift desired-----7A-7P ___ 7P-7A ___ 7A-3P ___ 3P-11P ___ 11P-7A ___ Other ___

Have you ever been bonded? YES ___ NO ___

Have you been arrested for DWI or possession of controlled substance? YES ___ NO ___

Have you been arrested for a felony ? YES ___ NO ___

If Yes, please explain: _____

Skills and Qualifications--Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work at the Hermann Area District Hospital.

Has your licence ever been investigated, suspended or revoked? ___ Yes ___ No.

If yes, please explain _____

Certification: _____	# _____	Date _____	Exp. _____
Certification: _____	# _____	Date _____	Exp. _____
License _____	# _____	State _____	Exp. _____
License _____	# _____	State _____	Exp. _____

EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma Degree	Year Graduated
High School					
Vo-Tech School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

EMPLOYMENT HISTORY

List all previous employers with the most recent employer first. If you need additional sheets, please ask.

Employer	Dates Employed		Job Responsibilities	May we contact	
	From	To		Yes	No
Address					
Telephone Number(s)	Hourly Rate/Salary				
	Starting	Final			
Job Title					
Reason for Leaving					
Employer	Dates Employed		Job Responsibilities		
Address	From	To			
Telephone Number(s)	Hourly Rate/Salary				
Job Title	Starting	Final			
Reason for Leaving					
Employer	Dates Employed		Job Responsibilities		
Address	From	To			
Telephone Number(s)	Hourly Rate/Salary				
Job Title	Starting	Final			
Reason for Leaving					

PLEASE, explain any time periods for which you were not employed: _____

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES THAT YOU HAVE WORKED WITH AND THAT WERE YOUR SUPERVISOR.			
NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE #

PLEASE READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of the fact on this application may result in my not being hired or dismissed.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so.

If a report is obtained you must provide, at my request, the name of the agency so I may obtain from the nature and substance of the information contained in the report.

Date

Signature