

# Application for Employment

A7940 Rev. 4/06

**It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.**

Date		This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone
Present Address (Include City, State, Zip Code)		Social Security No.	
Previous Address (If at Present Address Less Than 7 Years)		E-mail Address	
Current Open Position(s) for Which You Are Applying		Type of Position	Shift
1) _____	2) _____	<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotation <input type="checkbox"/> Day <input type="checkbox"/> Evening
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked at this facility or in a facility associated with HCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____			
Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list date, offense and disposition of each such conviction. (Convictions are not an automatic disqualification from employment)			

Educational History	Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
	High School/ GED			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			From (Year)    To (Year)	
Other			From (Year)    To (Year)	

List any professional licenses, registration or certification you possess (Include Drivers License, if applicable) <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Type</th> <th style="width:20%;">State Issued</th> <th style="width:20%;">Expiration Date</th> <th style="width:20%;">Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Type	State Issued	Expiration Date	Number																	Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing ( _____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____
Type	State Issued	Expiration Date	Number																		

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**Employment History** Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent		1st Previous		2nd Previous		3rd Previous	
From	To	From	To	From	To	From	To
Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.
Yr.	Yr.	Yr.	Yr.	Yr.	Yr.	Yr.	Yr.
Company	Company	Company	Company	Company	Company	Company	Company
Address	Address	Address	Address	Address	Address	Address	Address
Salary \$	Salary \$	Salary \$	Salary \$	Salary \$	Salary \$	Salary \$	Salary \$
Name while employed	Name while employed	Name while employed	Name while employed	Name while employed	Name while employed	Name while employed	Name while employed
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Job Title	Job Title	Job Title	Job Title	Job Title	Job Title	Job Title
Nature of Duties	Nature of Duties	Nature of Duties	Nature of Duties	Nature of Duties	Nature of Duties	Nature of Duties	Nature of Duties
Reason for leaving	Reason for leaving	Reason for leaving	Reason for leaving	Reason for leaving	Reason for leaving	Reason for leaving	Reason for leaving

**Professional References (Other than Relatives)** Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

**Please Review and Sign Where Indicated.**

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every new employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successful completion of a urine test for alcohol and drugs in accordance with facility policy. Continued employment is also contingent upon compliance with the facility's Substance Abuse Policy.

**Release:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

**I have read and understand these conditions of employment.**  Applicant Signature

**Office Use Only**

Referred to Department  Recommended Employment  Previously Employed

Date \_\_\_\_\_ By \_\_\_\_\_

Not Qualified for Opening

Date Prepared \_\_\_\_\_