



# Employment Application

## An Equal Opportunity Employer

### Please Print

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Address City State Zip Code

Permanent Address (if different from present address)

\_\_\_\_\_ City State Zip Code

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for: Full-Time Position? ..... Yes \_\_\_ No \_\_\_  
Part-Time Position? ..... Yes \_\_\_ No \_\_\_  
On-Call/Per Diem Position? ..... Yes \_\_\_ No \_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? ..... Yes \_\_\_ No \_\_\_

Would you be available to work overtime, if necessary? ..... Yes \_\_\_ No \_\_\_

If hired, what date can you start work? \_\_\_\_\_

### Personal Information

How did you hear about Patients' Hospital and this job opening? \_\_\_\_\_

Have you ever applied to or worked for Patients' Hospital before? ..... Yes \_\_\_ No \_\_\_  
If yes, when and for what position? \_\_\_\_\_

Do you have any friends or relatives working for Patients' Hospital? ..... Yes \_\_\_ No \_\_\_  
If yes, state name(s) and relationship(s). \_\_\_\_\_

Why are you applying for work at Patients' Hospital? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes \_\_\_ No \_\_\_

Are you at least 18 years old? ..... Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, describe the function(s) that cannot be performed. \_\_\_\_\_

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions of the position.)

### Education, Training and Experience

School	Name and Address	No. of Years Completed?	Did You Graduate?	Degree or Diploma?
High School			Yes _____ No _____	
If no, do you possess a GED or Equivalent?			Yes _____ No _____	
College/ University			Yes _____ No _____	
Vocational/ Business			Yes _____ No _____	
Health Care Training			Yes _____ No _____	

Do you have any other experience, training, qualifications or skills that are relevant to the position for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other than English, list any languages in which you:

Possess verbal fluency \_\_\_\_\_

Possess written fluency \_\_\_\_\_

### Answer the following questions if you are applying for a position that requires current licensure or certification.

Are you licensed/certified for the job applied for? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Name of License/Certification: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your license/certification ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List below all present and past employment, starting with your most recent employer (last 3 employers is sufficient).  
You must complete this section even if attaching a resume.

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Position and Duties:

\_\_\_\_\_  
Reason for Leaving:

Is this your current employer? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Position and Duties:

\_\_\_\_\_  
Reason for Leaving:

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Position and Duties:

\_\_\_\_\_  
Reason for Leaving:

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

\_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

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\_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

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\_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_ No. of Years Acquainted \_\_\_\_\_

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## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that an omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize PHR to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to PHR any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release PHR, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and PHR. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or PHR, and that no promises or representations contrary to the foregoing are binding on PHR unless made in writing and signed by me and PHR's designated representative.

\_\_\_\_\_ Should a job offer be made, I consent to a pre-placement physical examination and such future examinations as may be required by PHR. I understand that any job offer or my continuing employment, if hired, is contingent upon my being able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I understand that as part of my pre-placement physical examination, upon which any offer of employment is contingent, I will be required to successfully pass a drug/alcohol screening test.

\_\_\_\_\_ I understand that any offer of employment is contingent upon my successful completion of a background check that complies with PHR's pre-employment screening policies.

\_\_\_\_\_ In compliance with federal law, I understand that, if hired, I will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ I agree to wear or use all protective clothing or devices required by PHR and to comply with all safety policies and procedures.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_