

Application for Employment

Healthcare

Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. We are an equal opportunity employer.

Please Print

Personal Information

Date of application _____ / ____ / ____

Name _____ S.S.N. _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Home phone (____) _____ Cellular/other # (____) _____ E-mail address _____

If necessary, best time to call you is _____ : _____
AM PM Home Cellular/other

Please provide your driver's license number, if driving is required for this job. _____ State _____

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the United States? (If Yes, proof is required if hired.) Yes No

Are you able to perform the "essential functions" of the job for which you are applying (with or without a reasonable accommodation)?

NOTE: This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage, to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our organization? Yes No If, yes, please explain: _____

Is this application a request for reemployment following an extended military leave of absence from our organization? Yes No
If yes, additional information may be requested.

Have you ever been bonded? Yes No

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a crime? Yes No

If yes, please provide date(s) and details: _____

Position Information

Position applied for: _____ Expected pay: _____

Are you applying for: Full-time Part-time On-call

Shift(s) preferred: _____

On what date would you be available for work? _____

Have you submitted an application here before? Yes No If yes, please give date(s) and position(s): _____

Have you ever been employed here? Yes No If yes, please give dates: _____

How were you referred to our organization? _____

Will you travel if required? Yes No

Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of this position? Yes No N/A

Employment Experience

Place an **X** by the employer(s) you **DO NOT** want us to contact. List your most recent employer first.

Employer _____
Contact name _____ E-mail _____
Address _____ Phone () _____
Job title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____/____ to (mm/yy) ____/____/____ Hourly rate/salary: starting ____/____/____ final ____/____/____
Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Employer _____
Contact name _____ E-mail _____
Address _____ Phone () _____
Job title _____ Supervisor _____
Dates employed: from (mm/yy) ____/____/____ to (mm/yy) ____/____/____ Hourly rate/salary: starting ____/____/____ final ____/____/____
Work performed _____
Reason for leaving _____
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Work performed _____
Reason for leaving _____
What did you like most about your position? _____
What were the things you liked least about the position? _____

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Education

High School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational Training/Other: _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Professional Licenses/Registrations/ Certifications

Do you have a current license, registration, or certification? Yes No

If yes, please indicate the following:

Type _____ Number _____ Exp. date _____ State(s) issued _____

Are there any current restrictions on your license, registration, or certification? Yes No

If yes, please explain: _____

Have you ever had any disciplinary action taken against your license, registration, or certification? Yes No

If yes, please explain: _____

Have you ever been named a defendant in a malpractice claim? Yes No

If yes, please explain: _____

Special Training or Skills

Please list any skills, experience or qualifications which you feel would especially benefit you in a healthcare organization

(i.e., specialty areas such as ICU, OB/GYN, special equipment, typing speed, computer software programs): _____

Do you speak, read or write in any language other than English? Yes No

If yes, please describe: _____

Professional Organizations

Please list job-related organizations, clubs, professional societies or other associations to which you belong. Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship status, mental or physical disabilities, veteran reserve national guard or any other similarly protected status.

Organization	Office held

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either express or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and nondefamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States as required by federal immigration laws.

This Company does not tolerate unlawful discrimination or harassment based on sex, race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state or local law.

No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Applicant's signature _____ Date ____ / ____ / ____



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



APPLICANT'S NAME	OTHER NAME USED	SOCIAL SECURITY NO.
DATES OF EMPLOYMENT	POSITION	
EMPLOYED AS:		
REASON FOR LEAVING		
<p>I AUTHORIZE MY FORMER EMPLOYER _____ TO RELEASE ANY WORK RELATED INFORMATION REGARDING MY PAST EMPLOYMENT AND DO HEREBY UNCONDITIONALLY RELEASE YOUR ORGANIZATION FROM ALL LIABILITY FROM ANY DAMAGE WHATSOEVER WHICH MIGHT RESULT FROM FURNISHING SAME.</p>		
_____ Signature of Applicant		_____ Date

REFERENCE CHECK

The person named above has applied with Pershing Memorial Hospital. Please verify the above information, complete this section and return the form. Thank you.

1. DOES THE ABOVE INFORMATION CORRESPOND WITH YOUR RECORDS? YES NO
 IF NO, PLEASE STATE CORRECT INFORMATION.

EVALUATION

	Excellent	Very Good	Good	Poor
Quality of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of work performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of safety measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming/Attire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. IS THIS PERSON ELIGIBLE FOR RE-HIRE? YES NO

3. IF NOT ELIGIBLE FOR RE-HIRE, PLEASE EXPLAIN:

4. COMMENTS

5. EVALUATOR'S SIGNATURE

TITLE

DATE

THANK YOU FOR YOUR ASSISTANCE

HUMAN RESOURCES DEPARTMENT

DATE

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THANK YOU FOR YOUR ASSISTANCE

HUMAN RESOURCES DEPARTMENT

DATE

PERSONAL REFERENCE CHECK

Applicant's Name: _____

Other Name Used: _____ SS#: _____

I authorize my reference to release personal related information and do hereby unconditionally release your organization from all liability from any damage whatsoever which might result from furnishing same.

Signature of Applicant

Date

The person named above has applied for a position with Pershing Health System. Please verify the above information, complete this section and return the form. Thank you for your assistance.

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How would you describe the applicant's work ethic? _____
4. Do you consider this person to be honest in business and social dealings? Yes No
5. Do you consider this person to be loyal? Yes No
6. How would you rate this person's morals? Very Good Good Not Good.
7. Do you consider this person to be a team player, and cooperative with others? Yes No
8. Is this person always punctual to meetings and social events? Yes No
9. Is this person always clean, well groomed, and dressed appropriately? Yes No
10. If you were the employer, would you hire this individual? Yes No

Comments: _____

Evaluator's Signature/Title

Date

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