



## EDUCATION/SKILLS DATA:

Do you possess a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				Last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			
COLLEGE OR UNIVERSITY AND ADDRESS		GENERAL STUDIES		DID YOU GRADUATE?		DEGREE OR NUMBER OF CREDITS EARNED	

List all relevant professional licenses, registrations, or certifications you possess: \_\_\_\_\_

Profession or trade name: \_\_\_\_\_

Professional License/Permit/Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## LEGAL COMPLIANCE:

Have you ever been excluded from participation in the Medicare program?  Yes  No If "Yes", what was the date? \_\_\_\_\_

If "Yes", explain: \_\_\_\_\_

## PROFESSIONAL REFERENCES: (Please Do Not Include Relatives)

NAME AND COMPLETE ADDRESS	BUSINESS OR AFFILIATION	TELEPHONE NO.	YEARS KNOWN
1. _____ _____ _____		( )	
2. _____ _____ _____		( )	
3. _____ _____ _____		( )	

**EMPLOYMENT HISTORY: (Also include any relevant volunteer experience)**

Present or Last Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ ( )	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Second Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ ( )	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Third Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ ( )	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

Fourth Previous Employer:	Date (Mo./Yr): From: _____ To: _____
Address:	Total Time Employed:
City: _____ State: _____ Zip Code: _____	Salary: \$ _____
Phone: _____ Job Title: _____ ( )	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hrs./Week _____ <input type="checkbox"/> Temporary <input type="checkbox"/> On Call
Supervisor's Name and Title:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailed description of Duties:	Reason for Leaving:

# APPLICANT CERTIFICATION/RELEASE OF INFORMATION

(Please Read Carefully)

I hereby certify that all of the information provided by me in this application (or any accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that falsification and/or misrepresentation will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I hereby authorize HRMC to investigate my statements and conduct a background investigation if deemed necessary. All employers, educational institutions, law enforcement agencies, state and federal courts, and references listed are hereby authorized to give HRMC any and all information regarding my employment, background, or character. HRMC and all employers, educational institutions, law enforcement agencies, state and federal courts, and references are hereby released from any and all liability which may result from furnishing or using such information.

In consideration for employment with HRMC, if employed, I agree to conform to the rules, regulations, policies and procedures of HRMC at all times and understand that such obedience is a condition of employment. I understand that if offered a position with HRMC, I will be required to submit to a pre-employment health assessment and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of the pre-employment assessment and/or background check will result in a withdrawal of any employment offer or termination of employment if already employed.

The use of this application does not indicate there are positions open and does not in any way obligate HRMC. Additionally, this application should not be considered as an employment agreement. Any decisions regarding length of employment, interpretation, or application of policies or procedures by the Hospital will be final and binding on all parties concerned. I further agree that my employment and compensation can be terminated at will, with or without cause and with or without notice, at anytime either at my option or at the option of HRMC.

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

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## PLEASE DO NOT WRITE BELOW THIS LINE

Date of Interview: \_\_\_\_\_

Discussed: Job Hours \_\_\_\_\_

Rotate Shifts:  Yes  No

FT  PT  Other: \_\_\_\_\_

Hours per pay period: \_\_\_\_\_

Starting Date & Time: \_\_\_\_\_

Starting Salary: \_\_\_\_\_

Overtime:  Exempt  Non-Exempt

Hired by: \_\_\_\_\_

Dept.: \_\_\_\_\_

Replacement for: \_\_\_\_\_

Budgeted:  Yes  No

References and Background Checked: \_\_\_\_\_