

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