



Application for Employment

Name: _____ Date: _____

Position Applied for: _____

Personal Information

Hamilton Memorial Hospital District

Name: _____
 Last Name First Name Middle Name

Present Address: _____ Phone _____
 Street City State Zip Code Number:

Permanent Address: _____ Phone _____
 Street City State Zip Code Number:

If you cannot be reached at above phone numbers, where may we contact you? Phone: _____ Name of Person _____

Employment Desired

Type of Work Desired	Shift	Salary
First Choice		
Second Choice		

How did you learn of this opening? _____

Will you accept Employment of: Full time Part time Temporary / PRN

If under 18 Yrs. of Age, do you have a work permit? Yes No

Date Available _____

Education/Training

School	Name and Address of School	Courses Taken	Did you Graduate?	Diploma, Degree, or Certificate Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes If yes, Date	
Lab or X-Ray Training			<input type="checkbox"/> Yes If yes, Date	

Other Classes/Training _____

Extracurricular activities while in school _____

Area of specialization or major Interest _____

Professional organization memberships, honors received, vounteer or community service or other qualifications you have which you feel relates to the position you are applying.

Professional Licenses and/or Certifications

Type	Organization or State Issued	Date issued	Number	Verified
Type	Organization or State Issued	Date issued	Number	
Type	Organization or State Issued	Date issued	Number	

Military Record

Military Branch Entry Rank Separation Rank Separation Date(s) Military Occupational Specialty

Specialized Training _____

List service awards, commendations _____

List current (or most recent) employer first and all others in reverse chronological order.

Company Name	Dates Employed (Month/Year) From To
Address (Street, City, State, Zip Code)	Phone
Position Title	Immediate Supervisor's Name and Title
Job Description & Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Dates Employed (Month/Year) From To
Address (Street, City, State, Zip Code)	Phone
Position Title	Immediate Supervisor's Name and Title
Job Description & Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Dates Employed (Month/Year) From To
Address (Street, City, State, Zip Code)	Phone
Position Title	Immediate Supervisor's Name and Title
Job Description & Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Dates Employed (Month/Year) From To
Address (Street, City, State, Zip Code)	Phone
Position Title	Immediate Supervisor's Name and Title
Job Description & Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Dates Employed (Month/Year) From To
Address (Street, City, State, Zip Code)	Phone
Position Title	Immediate Supervisor's Name and Title
Job Description & Responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Name and Relationship	Title	Company Name & Address	Phone

Availability Information

Please Indicate Days and Hours you are available for Work (Be Specific)		
Day	From	To
Sunday	A.M.	P.M.
Monday	A.M.	P.M.
Tuesday	A.M.	P.M.
Wednesday	A.M.	P.M.
Thursday	A.M.	P.M.
Friday	A.M.	P.M.
Saturday	A.M.	P.M.

Primary position desired _____

Will you accept another position? Yes No

If so, what? _____

Weekends Yes No Holidays Yes No
 Rotating Shifts Yes No On Call Yes No

I understand that emergency conditions may require me to temporarily work shifts other than the one for which I am applying and agree to such scheduling changes as directed by my department head or administrator of the hospital district.

Applicant's Signature _____ Date _____

If your availability status changes, it is your responsibility to notify your department head or administrator. Such changes will be effective, then, for any future employment.

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, marital status, sexual orientation, military or veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicants are not obligated to disclose sealed or expunged records of conviction or arrest.

Applicant's Signature

Date