DOCTORS MEMORIAL HOSPITAL
DRUG FREE WORKPLACE– TOBACCO FREE CAMPUS - EOE
APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First	Middle	
Present Address	City	State	Zip Code
Any Previous Name(s)? Yes No If yes, identify all other names, including maiden name:			
Social Security No.	Home Telephone No.	Contact Telephone	
Covid-19 Vaccine Status:	Date available for work:	Date of Birth	
Are you applying for: Full-Time Part-Time 36 Hours 32 Hours 24 Hours PRN Other _____			
Position Applied for:	Salary Desired:	How were you referred to this facility?	
Relatives or friends employed in this facility? Yes No Name:	Department:	Relationship:	
Have you ever been employed in this facility? Yes No When?	Are you 18 years of age or older? Yes No		
Long range occupational goals:			
Would you consider working: Weekends and Holidays Yes No Rotating Shifts Yes No On Call Yes No Any Shift Yes No			
Shift Preference: Days Evenings Nights	Are you a U.S. citizen or an alien legally authorized to work in the United States? Yes No		
Have you ever been convicted of, or plead guilt to, a crime? (Excluding misdemeanor traffic violations) Yes No If yes, explain: _____			
Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example Medicare or Medicaid)? Yes No If yes, explain: _____ _____			
If your answer is "yes" to any of the above, you will not automatically be disqualified from employment consideration, except as required by state or federal law.			

EDUCATION/SKILLS

School	Name & Address of School	Course of Study	Check last year completed				Did you graduate?	List Diploma or Degree
High	_____		1	2	3	4	Yes No	
College	_____		1	2	3	4	Yes No	
College	_____		1	2	3	4	Yes No	

Other: Business College or Special Courses (include Special Military Training, Post Graduate, and Nursing)
Area(s) of specialization or major interest: Typing (approx. WPM): Shorthand (approx. WPM):
Health Care, Business, or industrial equipment operated:

Professional Licenses License or Registration Ever	Professional Certifications suspended Removed or on Probation?	
Currently Licensed Eligible for License Currently Registered Eligible for Registration Type: _____ State: _____ Date: _____ No: _____	Yes No If yes, explain ____ _____ _____ _____ _____	Currently Certified Eligible for Certification Type: _____ State: _____ Date: _____

LANGUAGE

Language Skills – Do not complete unless requested or job posting specifies bilingual	
Language: Rate your ability to: Read: Fluent Good Fair Write: Fluent Good Fair Speak: Fluent Good Fair	Language: Rate your ability to: Read: Fluent Good Fair Write: Fluent Good Fair Speak: Fluent Good Fair

MILITARY EXPERIENCE AND VOLUNTEER WORK

Have you served in the U.S. Armed Services? Yes No What Branch?

Have you volunteered your time or talents? Yes No Where?

Briefly describe duties and skills acquired through military or volunteer services (include dates of participation):

_____
_____
_____
_____

PREVIOUS EXPERIENCE

Provide information regarding previous employment beginning with most recent employer.

Employer: _____ Phone: (_____) _____
Address: _____
Date Employed: From: _____ To: _____ Supervisor's Name: _____ Salary: _____ hr/month/yr
Job Title: _____ Reason for Leaving: _____
Duties: _____
_____

Employer: _____ Phone: (_____) _____
Address: _____
Date Employed: From: _____ To: _____ Supervisor's Name: _____ Salary: _____ hr/month/yr
Job Title: _____ Reason for Leaving: _____
Duties: _____

Employer: _____ Phone: (_____) _____
Address: _____
Date Employed: From: _____ To: _____ Supervisor's Name: _____ Salary: _____ hr/month/yr
Job Title: _____ Reason for Leaving: _____
Duties: _____

Please identify and explain any gaps in employment longer than three (3) months:

List at least three (3) references who are not relatives or employers:

Name and Relationship	Title	Company Name & Address	Telephone

PRE-EMPLOYMENT STATEMENT

Please read carefully and sign the statement below

I understand and agree that:

1. The information that I have provided on the application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, could result in termination of my employment.
2. Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's total pre-employment screening process, including the receipt of references that the facility considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to medical examination at any time at the facility's request. I hereby consent to having the results of any post offer pre-employment or post employment medical exams I may be required to take disclosed to the facility.
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
4. I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the facility. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the facility.
5. I hereby authorize this facility to investigate my employment and personal history including an inquiry concerning information on my criminal, credit, driving, and social media history, if appropriate. I understand that the facility will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the facility will furnish the name and address of such agency upon my written request.
6. I hereby authorize this facility to verify with the appropriate educational institution the educational history which I have provided on my employment application, resume, or other document including the date(s) attended, courses taken, and the degree(s) or certification(s) received.
7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the company or myself.

Signature: _____ Date: _____

REQUEST NOT TO PARTICIPATE IN TREATMENT

To be answered by ALL applicants for and employees in patient care positions.

Will you request not to participate in any aspect of patient care, including treatment, because you perceive a conflict with your cultural values, ethics or religious beliefs? Yes No

If yes, please list the specific type of patients and the aspects of care or treatment in which you will not participate:

_____

_____

_____

I understand if it becomes necessary to perform patient care or treatment in which I request no to participate, I may be floated to another department to a position for which I am qualified OR I may be asked to leave work while the medical center brings in other staff to provide such patient care or treatment. This time away from work will be unpaid unless choose to use hours from my accrued vacation account. I further understand that reasonable efforts will be make to accommodate my request not to participate; however, if adequate staffing cannot be found, or if my request cannot be granted without negatively affecting patient care or treatment, I will required to participate in such care or treatment.

Employee Name: _____
(please print)

Employee Signature: _____ Date: _____

DOCTORS MEMORIAL HOSPITAL
EQUAL EMPLOYMENT OPPORTUNITY RECORD

Date Applied: _____

Equal Employment Opportunity Employers are required by the Federal Government to provide statistical information about applicants and/or employees to demonstrate that the facility meets equal employment opportunity requirements. Your completion of this form is voluntary and would be greatly appreciated.

This information will be kept separate and confidential from the personnel file and will not be considered in any employment decisions:

Employee Name (Last, First, M.I.)	Social Security Number
Position	
Gender Male Female	Birth Date

ETHIC HISTORY

Check One:

AMERICAN INDIAN or ALASKAN NATIVE. All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN or PACIFIC ISLANDER. All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa. Also, persons from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.

BLACK (not of Hispanic origin). All persons having origins in any of the Black racial groups of Africa.

HISPANIC. All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.

WHITE (not of Hispanic origin). All persons having origins in any of the people of Europe, North Africa, and the Middle East.

MILITARY HISTORY

Are you a Vietnam Era Veteran? Yes No

A person who served on active duty in Vietnam between 02/28/61 and 05/07/75 for a period of 180 days or who was on active duty between 08/05/64 to 05/07/75 but not in Vietnam, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability.

Are you a Disabled Veteran? Yes No

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.