

APPLICATION FOR EMPLOYMENT

Thank you for your interest in employment with Pike County Memorial Hospital. We are an equal opportunity employer and comply with the letter and spirit of federal and state laws which prohibit discrimination based on race, color, religion, age, sex, national origin, veteran status or disability. Applicants are encouraged to request any needed assistance or accommodation to participate in the application process. Applications will be active for thirty (30) days.



PLEASE PRINT

Have you applied here in the past? Yes No		If yes, indicate name on previous application	
Name-Last	First	M.I.	Home Telephone Number
Street Address			Contact Telephone Number
City/State/Zip			Best time to contact you or to leave a message
Social Security Number	Today's Date		Date Available to Work

Have you previously been employed by Pike County Memorial Hospital?

Yes No

If yes, in what department? _____ When: From: _____ To: _____

How were you referred

to us for employment?

- | | |
|-------------------|--|
| Self | Employment Security Commission |
| Employee Referral | Employment Agency |
| Newspaper | Internship/Clinical experience at our facility |
| Trade Magazine | Other |

If referred by employee, newspaper, please specify _____

Position(s) Desired _____

- | | | |
|-----------------------------|----------|------------------|
| Available to Work | Day | Full Time |
| (Mark all boxes applicable) | Evening | Part-time |
| | Night | PRN - Occasional |
| | Rotating | Summer |
| | Weekend | Temporary |

If under age 18, please indicate date of birth	Do you have a legal right to work and remain in the United States? Yes No (Proof of citizenship or permanent resident alien status will be required upon employment)
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REGISTRATION

Indicate licensure or certification for any profession, skill or trade.

Occupation _____

License Number _____ State _____ Expiration Date ____ / ____ / ____

License Number _____ State _____ Expiration Date ____ / ____ / ____

If you have applied for state registration, please indicate date of application ____ / ____ / ____

U.S. MILITARY RECORD

Branch _____
 Date Entered _____ Date Discharged _____ Rank at Discharge _____
 Special skills, training or experience acquired in the military _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DATE FROM TO	COURSE OF STUDY	GRADUATE	DEGREE	DATE
High School/GED							
Business, Technical, Vocational School			____/____ mo.yr. mo.yr.				
College			____/____ mo.yr. mo.yr.				
			____/____ mo.yr. mo.yr.				
Graduate School			____/____ mo.yr. mo.yr.				

HONORS AND ACTIVITIES

List honors, activities, volunteer experience, etc. (You need not include information which may indicate race, religion, national origin, sex, age or disability.)

SKILLS

Typing/WPM _____ Medical Terminology Word Processing Calculator by Touch
 Shorthand/WPM _____ Medical Transcription Data Entry/CPM _____ Spreadsheet
 List software knowledge _____

List additional qualifications, skills and knowledge of equipment pertinent to your application.

PERSONAL REFERENCES *List three individuals who are not former supervisors/managers or relatives.*

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	OCCUPATION	YEARS KNOWN

EMPLOYMENT HISTORY

May we contact your present employer now? Yes No
 If not, when? _____

If employed under a name different than current name, please list that name.

LIST PRESENT OR MOST RECENT POSITION FIRST

Company Name	Job Title	Describe Duties
Address	From To _____ mo. yr. mo. yr.	
City/State/Zip	Final Salary \$ _____ per	
Supervisor Manager	Telephone ()	
Reason for leaving		
Company Name	Job Title	Describe Duties
Address	From To _____ mo. yr. mo. yr.	
City/State/Zip	Final Salary \$ _____ per	
Supervisor Manager	Telephone ()	
Reason for leaving		
Company Name	Job Title	Describe Duties
Address	From To _____ mo. yr. mo. yr.	
City/State/Zip	Final Salary \$ _____ per	
Supervisor Manager	Telephone ()	
Reason for leaving		
Company Name	Job Title	Describe Duties
Address	From To _____ mo. yr. mo. yr.	
City/State/Zip	Final Salary \$ _____ per	
Supervisor Manager	Telephone ()	
Reason for leaving		

Have you ever been convicted of or pled guilty to a misdemeanor or felony (other than a traffic violation)? Yes No If yes, please describe and give date and location (*county/state*). _____

A "yes" response to the preceding question will not disqualify you from consideration for employment. A record of a conviction does not mean that you cannot be hired. The nature and circumstances of any conviction, however long ago, and other factors, including the relationship of the conviction to the position for which you are applying, are all important considerations in the employment decision. Thus, please provide a complete response to the question so that an appropriate decision may be made.

Have you ever had complaints or investigations against you regarding child, elder or patient abuse? Yes No If yes, please describe and give date and location (*county/state*). _____

Have you ever had civil or administrative actions taken against you by any governmental agency or private party for health care related offenses? Yes No If yes, please describe and give date and location (*county/state*). _____

I certify that all information in this application is accurate and complete and understand that either the misrepresentation or omission of facts, or both, may result in removal from consideration for employment or dismissal after employment. I authorize the administration of this employer to investigate, without liability, all statements contained in this application and hereby release any one or more of persons, corporations, or other organizations from any and all liability for providing information about any one or more of me, my past employment, or my character to the employer. I also authorize former employers and references, without liability, to make full response to any inquiries by the employer in connection with this application for employment. If the employer hires me and employs me, then I release the employer and its agents from any liability for providing any information about me to any person or organization seeking an employment reference about my employment with the employer.

I understand that this application is not nor is it intended to be a contract for employment. I understand that any offer of employment is contingent upon obtaining satisfactory responses to reference and background inquiries and that I must successfully complete a pre-employment drug screening. I also understand that, if employed, I may be required to submit to blood, urine, or other specimens for drug and alcohol screening upon demand. I consent to my submission to such tests as a condition of continued employment. Refusal to consent may result in disciplinary action including termination.

If I am employed, I will work the hours, days, and shifts as directed or in another area or classification if requested to do so and will conduct myself in accordance with the employer's policies and regulations. I further understand that if the employer employs me, my employment will have an indefinite length.

I certify that I have read and agree to the conditions of employment stated in this application.

Signature

Date

This application shall remain active for 30 days from the date of application. Applicants wishing to be considered for job openings after 30 days should complete a new application form.

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Employment Date _____ Department _____

Position/Code _____ Full Time/Number of Hours _____ Part Time/Number of Hours _____

Pay Grade/Pay Rate _____ PRN/Occasional _____ Regular _____ Other _____

Shift _____

Other _____