

Application For Employment



Date: _____

PERSONAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	Middle Name	
_____	_____	_____	_____
Street	City	State	Zip Code
_____	_____	_____	_____
Home Phone Number	Cell Phone Number	E-Mail Address	

All Sections must be completed and application must be signed

Position applying for: _____ Date available for work ___/___/___

Are you available to work: Full Time Part Time Per Diem
 Shift available: First Shift Second Shift Third

Have you ever filed an application with us before? Yes No If Yes, give date applied: _____

Have you ever been employed with us before? Yes No If Yes, give date applied: _____

Were you referred by a CMH employee? Yes No

Are any friends or relatives currently or previously an employee of CMH? Yes No

If yes, state name, relationship, department, or unit: _____

How did you learn about CMH Radio - TV - Internet - Friend/Relative - other?

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

U.S. Citizen: Yes No

Have you been convicted of a crime? (Felony, misdemeanor or DWI)? Yes No

(Excluding minor traffic violations: speeding, failure to yield the right away, etc.)

If yes, please explain: _____

Were you ever excluded or are you pending exclusion from billing Medicaid or Medicare? Yes No

Have you ever been disciplined in a job for attendance problems? Yes No

Have you ever been discharged or requested to resign from a position? Yes No

If yes, please explain: _____

Education

Institution	Name and Complete Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other(Specify)				

Additional Information

Professional License Number _____ Certificate Number _____ Registration Number _____

Describe any specialized training or skills (language, computer, equipment operations, etc.): _____

List all employment starting with present or most recent employer. Account for all periods, including unemployment and Armed Services. Please answer all questions completely.

Employer:	Telephone/Cell Phone #:
Street: City: State: Zip:	Supervisor: _____ From: _____ To: _____
Job Title:	Reason For Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned
Responsibilities:	My we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone/Cell Phone #:
Street: City: State: Zip:	Supervisor: _____ From: _____ To: _____
Job Title:	Reason For Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned
Responsibilities:	My we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Telephone/Cell Phone #:
Street: City: State: Zip:	Supervisor: _____ From: _____ To: _____
Job Title:	Reason For Leaving: <input type="checkbox"/> Terminated <input type="checkbox"/> Resigned
Responsibilities:	My we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Military Service

Branch:	From: _____ To: _____
Rack at Discharge	Type of Discharge: _____

Personal/Professional References (Do not include family members)

Business Reference Company Name	Complete Address	Telephone No.	Supervisor
1.			
2.			
Personal Reference	Complete Address	Telephone No.	Occupation
1.			

EMPLOYMENT APPLICATION AGREEMENT

It is understood that an omission of facts or false statements made as part of the application process will be grounds for dismissal from any subsequent employment by Community Memorial Hospital

Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. As part of pre-employment, I authorize CMH to contact my references and to otherwise investigate my suitability for employment by contacting any of the following sources: educational institutions, law enforcement agencies, military services and former employers. I release said contacts and CMH from any and all liability resulting from such investigation CMH is an equal opportunity employer. The employer does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service, and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that my employment with CMH is contingent upon successfully completing the pre-employment health screen.

Signature

Date