

EMPLOYMENT APPLICATION

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Please read carefully, write clearly, complete all areas and answer all questions.

Adams County Regional Medical Center is an Equal Opportunity Employer and does not discriminate based on race, color, creed, religion, nation origin or citizenship, sex, sexual orientation or gender identity, marital status, disability, status with regard to public assistance, age or any other protected category listed under federal, state, or local law.

GENERAL INFORMATION				Application Date					
Last Name		First Name		Middle Name		Social Security #			
Street Address				City		State		Zip	
Home Phone		Alternate Phone			Emergency Contact/Phone				

CITIZENSHIP/CONVICTIONS	
Are you a Citizen of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you must provide a document to show that you are authorized to work in the US.)	
Have you ever been convicted of or pled guilty to a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (include traffic violations):	
NOTE: Conviction will not automatically disqualify applicant from employment. Failure to disclose will disqualify applicant from employment.	
Have you ever been suspended, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program (e.g. Medicare or Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

JOB POSITION				
1 st choice	2 nd choice	Will you accept a part time or pool position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you accept a position on? <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any	Salary requirement
Have you previously been employed at this hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give name at termination: _____ Worked _____ to _____ Dept: _____				
Do you have relatives employed at this hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative: _____ Relation: _____ Dept: _____				

EDUCATION								
Circle the last year of high/technical school completed. 9 10 11 12 If not completed, do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Name of college/university		City		State	Major	Years completed	Diploma received	Date of Graduation
						1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
						1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATION OR TRAINING (Copies to be provided upon request.)				
Type	License #		State Issued	Date Issued
Type	License #		State Issued	Date Issued
Type	License #		State Issued	Date Issued
Type	License #		State Issued	Date Issued
Type	License #		State Issued	Date Issued
Has any professional license, registration or certification awarded to you ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been placed on probation regarding any professional license, registration or certification awarded to you? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you speak any foreign languages? Please list				
Computer skills: (Please circle those in which you are competent) Microsoft programs: Excel Outlook Power Point Word List others				
Please list any other information you feel is pertinent to your application.				

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PERSONAL REFERENCES (Minimum of 3) (Excluding relatives and clergy.) References must be known to you at least 5 years.

Name	Occupation	Home phone	Work phone
Street Address	City	State	Zip
Name	Occupation	Home phone	Work phone
Street Address	City	State	Zip
Name	Occupation	Home phone	Work phone
Street Address	City	State	Zip

CURRENT/PREVIOUS EMPLOYERS (Minimum of 3)

Name	Position	Weekly Salary	Supervisor name
Street Address	City	State	Zip
Phone#	Employed from _____ to _____	Reason for leaving	
Name	Position	Weekly Salary	Supervisor name
Street Address	City	State	Zip
Phone#	Employed from _____ to _____	Reason for leaving	
Name	Position	Weekly Salary	Supervisor name
Street Address	City	State	Zip
Phone#	Employed from _____ to _____	Reason for leaving	

May we contact your current employer for a reference? Yes No If no, please explain

Explain any employment gaps during the last 10 years.

Applicant's Certification: It is understood that completion of this application in no way creates an expressed or implied contract of employment. I represent that all information presented in this application is complete and accurate. If information contained in this application is found to be false or to have been intentionally omitted, adverse employment action, including termination, may occur. I voluntarily give permission to make a thorough investigation of my past employment and all other facts stated above and release from liability or responsibility all persons supplying such information. I also voluntarily give permission to perform future drug tests or any other tests that relate to my employment. If I am hired, I understand it will be on an employment-at-will basis.

Signature: _____ Date _____

DO NOT WRITE BELOW LINE-----FOR OFFICE USE ONLY

Start date	Start time	Status: Full time Part time Pool	Shift: Day Evening Night	Department:
Position title:	Base pay: \$	Pool differential: \$	Total pay: \$	Shift differential: \$
Comments			Department Manager signature:	
APPROVED BY:	Division Council Rep.	CEO	HR Director	
Scheduled for Hospital Orientation	Employee #:			