

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer. Add a sheet if necessary.

1	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

5	Company Name	Telephone ()
	Address	Employed (State Month and Year) From: To:
	Name of Supervisor	Weekly Pay Start: Last:
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) Reason:

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COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special Training.

Branch of Service

Period of Active Duty
Month & Year

From: To:

Are you over 18 years of age? Yes No If not, employment is subject to verification of minimum legal age.

This employment application does not seek information regarding the applicant's criminal record. However, the Hospital reserves the right to make inquiry into the applicant's criminal record, to conduct a criminal background check and to condition any offer of employment on the information obtained from any such inquiry or background check. In evaluating an applicant's criminal record, the Hospital shall make an individualized assessment, utilizing the factors permitted by applicable law.

Give name, address and telephone number of three (3) references who are qualified to evaluate your capabilities and who are not related to you, a member of your household, or are not previous employers.

	Name	Address	Phone Number
1			
2			
3			

Are you able to demonstrate that you are presently authorized under U.S. Immigration Law to work for the Hospital? Yes No

NOTE: If you are hired you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.

Are you presently under investigation regarding or have you ever been suspended, excluded or debarred from, participation in (1) any federal procurement or non-procurement program, (2) Medicare or Medicaid, (3) TRICARE, or (4) any other federal, state, or local healthcare program? Yes No

If yes, please provide details: _____

Are you subject to a non-compete or non-solicitation agreement with any of your former employers? Yes No If yes, please provide a copy.

Have you ever been fired, discharged or asked to resign from any job? Yes No If yes, please Explain: _____

Do you have reliable transportation to work? Yes No

- I certify that the answers given on this employment application are true, correct and complete. I understand and agree that any false or misleading information or omission given on my application, any other employment related document or in any interviews may result in withdrawal of any offer or may result in termination of employment if discovered after hire.
- I agree and understand that my employment term is at-will, which means that either the Hospital or I can terminate my employment at any time without reason, and that such at-will status may only be changed in a writing which specifically references a change to my at-will status and is signed by the Chief Executive Officer of the Hospital and approved by the Hospital Board.
- I agree that if the Hospital offers me employment and I accept employment by commencing employment with the Hospital, that the compensation paid for my first day of employment serves as consideration for the following terms of my employment agreement:
 - The Hospital may alter my compensation, Hospital provided benefits and its policies and procedures (other than my at-will status) at any time for any reason and that the identification of an "annual" salary neither alters my at-will status, nor the Hospital's right to alter my compensation;
 - I specifically authorize the Hospital to deduct from any money owed me, any money I owe the Hospital;
 - I specifically authorize the Hospital to reduce any compensation owed me to the minimum amount required under federal and state law if I fail to provide two weeks written notice of my resignation;
 - I agree that any offer of employment is conditioned upon my completion of a health assessment/medical examination/drug test/criminal background and reference check with results satisfactory to the Hospital;
 - I understand that the Hospital is a smoke-free facility;
 - I agree that I have never been suspended, excluded, or debarred from participation in (i) any federal procurement or non-procurement program, (ii) Medicare or Medicaid, (iii) any other federal, state, or local healthcare program. I agree that if I am employed, that if I am thereafter subject to investigation, suspended, excluded, or debarred from the programs in (i)-(iii), I shall immediately inform the Human Resources Department in writing;
 - Among other dress code requirements, I understand that the Hospital does not permit employees to wear facial piercings, including tongue piercings, while on duty;
 - I authorize investigation of all statements contained in this application and all references listed to give the Hospital any and all information they may have personal or otherwise, as may be necessary in arriving at an employment decision. The Hospital may use this authority to check references. I release all parties from any and all liability for any damage that may result from furnishing information to the Hospital.

Signature

Printed Name
(APPLICATION REMAINS ACTIVE FOR 120 DAYS)

Date