



PMC Regional Hospital
(an Equal Opportunity Employer)
APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. As a healthcare provider we strive to promote a healthy environment and smoking is prohibited anywhere in the facility or on the campus.

APPLICANT INFORMATION

Please answer the following questions completely and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for your signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Were you referred by a current employee? Yes [] No [] If yes who referred you? _____

Are you seeking: Full-time [] Part-time [] Temporary [] PRN [] ? When could you start? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes [] No []

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?..... Yes [] No []

Have you ever applied here before? Yes [] No [] If yes, when? _____

Can you perform the essential functions of this potential job?Yes [] No []

Do you require any accommodation to perform the essential functions of this job?.....Yes [] No []

If Yes, please explain _____

Are you currently or have you previously been excluded, suspended, or otherwise been ineligible for participation in federal programs, or do you have a controlling interest in an entity that has been so excluded or suspended? Have you ever been sanctioned, disciplined, disbarred, and/or excluded by a duly authorized agency, or are there current restrictions/limits on your license or certification?Yes [] No []

If yes, please explain _____

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 during the last 10 years, (criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements)Yes [] No []

If yes please explain. _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes [] No []

If yes, give details _____

For Driving Jobs ONLY: Do you have a valid driver's license? Yes No
 Driver's License # _____ Class of License _____ State Licensed In _____
 Have you had your driver's license suspended or revoked in the last 3 years? Yes No
 If yes, give details _____

EDUCATION

Name of School	Address	Subjects Studied	Years Completed	Diploma/Degree Certificate
High School or GED:	_____			
College or	_____			
Vocational or Technical:	_____			Date Graduated _____

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S) TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S) TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S) TELEPHONE	REASON FOR LEAVING

WORK HISTORY (Cont.)

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S) TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE	PAY: START \$ FINAL \$
SUPERVISOR(S) TELEPHONE	REASON FOR LEAVING

SPECIAL SKILLS

What skills or training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

List any relatives or family members who work at this Facility for which you are applying _____

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, list names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Provide three professional references that are not relatives, and at least one of the same profession (i.e. RN, etc.)

NAME	AFFILIATION	PHONE

AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and originations to provide relevant information and opinions that may be useful in making hiring decisions. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AND EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NO GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature

Date

This application for employment will remain active for a limited time.