

APPLICATION FOR EMPLOYMENT

Taylor Regional Hospital provides equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law.

PERSONAL HISTORY

A DRUG FREE WORK PLACE

DATE: _____

Applicant Name (Please give complete name) Last First MI		Social Security Number	Present Address (Include City, State, Zip)		Home Phone ()	
Position For Which You Are Applying		Type Position <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> PRN <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY	Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	Date Available For Work	If you are not a U.S. Citizen have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary Requirements	Please list languages in which you are fluent.	Work Holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Work weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever worked for Taylor County Hospital before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when and what position?	
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain _____ _____				Have you ever been convicted of a crime, including misdemeanors and traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain _____ _____		
List any friends or relatives employed by TCH. _____				(A conviction does not automatically mean you cannot be hired. The convicted offense and how long ago are important. Give all the facts so a decision can be made. _____ _____		
What prompted your application to TCH? (please be specific) _____ _____						
Referred By _____						

EDUCATIONAL HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL LOCATION (CITY & STATE)	CHECK LAST YEAR ATTENDED IN SCHOOL	DID YOU GRADUATE?	DEGREE OR CERTIFICATE	List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race/color, national origin, religion, sex or handicap.
HIGH SCHOOL		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> YES <input type="checkbox"/> NO		Other names by which you may have been identified in relevant employment or academic records. List any professional licenses you possess. Indicate type of license, license number and state. Clerical Skills (if applicable) <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Shorthand _____ wpm <input type="checkbox"/> Operating Dictating Equipment <input type="checkbox"/> Medical Terminology Other Office Skills: _____
COLLEGE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER		From (Year) To (Year)			

WORK HISTORY

Name of Company (Most Recent)	Complete Street Address	City, State, Zip	Phone Number ()
Job Title	Supervisor's Name	Dates of Employment	Salary PER hr./wk./mo.
Briefly describe your job skills, responsibilities and accomplishments		Reason for Leaving	OK to Contact Now <input type="checkbox"/> YES <input type="checkbox"/> NO

WORK HISTORY

Name of Company (Most Recent)		Complete Street Address	City, State, Zip	Phone Number ()
Job Title		Supervisor's Name	Dates of Employment	Salary
Briefly describe your job skills, responsibilities and accomplishments				
Name of Company (Most Recent)		Complete Street Address	City, State, Zip	Phone Number ()
Job Title		Supervisor's Name	Dates of Employment	Salary
Briefly describe your job skills, responsibilities and accomplishments				
Name of Company (Most Recent)		Complete Street Address	City, State, Zip	Phone Number ()
Job Title		Supervisor's Name	Dates of Employment	Salary
Briefly describe your job skills, responsibilities and accomplishments				

REFERENCES (Do not list relatives or former employers)

1.	NAME	ADDRESS	PHONE	OCCUPATION
2.				
3.				

U.S. MILITARY	Branch	Discharge Date	Specialty
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STATEMENT OF APPLICANT (PLEASE READ CAREFULLY): In applying for employment I want Taylor Regional Hospital to be fully informed of my previous record, and I hereby authorize Taylor Regional Hospital to investigate my background and to obtain any and all information, which may concern me. I hereby release all persons, schools, corporations, military and government agencies, credit bureaus and law enforcement agencies from any liability in furnishing such information.

I understand that Taylor Regional Hospital policy requires me to submit a sample of my urine and/or blood for chemical analysis to determine the presence or absence of drugs and/or alcohol. I consent freely and voluntarily to provide such urine and blood specimens prior to the start of my employment and I understand that employment is contingent upon passage of this chemical analysis. I further consent to any future request for urine and/or blood specimens pursuant to the Taylor Regional Hospital Alcohol and Drug Policy. I hereby release and hold harmless Taylor Regional Hospital and its employees and agents from any liability whatsoever arising from any and all requests to furnish specimens of the testing process. I also authorize any laboratory testing my urine and/or blood pursuant to the Taylor Regional Hospital Alcohol and Drug Policy to release the results to Taylor Regional Hospital and I hereby release any such laboratory, its employees and agents and hold them harmless from any liability whatsoever arising from the release of such information to Taylor Regional Hospital.

I fully understand that any misrepresentation of facts on this application shall be sufficient cause for dismissal in the event I am hired, or shall be sufficient cause for the preclusion of further consideration of my application prior to being hired. I further understand that any offer of employment shall be subject to reference check. I understand and agree that, should I be offered employment, my commencement of work may be conditioned on the results of a medical examination, the cost of which will be borne by Taylor Regional Hospital. I further agree to abide by the policies, procedures and practices of Taylor Regional Hospital. I further understand that this employment relationship is at will and may be terminated by either party at any time, with or without cause. I understand that any employment offer is contingent upon my providing, within (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Applicant Signature _____ Date _____

Employment Application Driving Position Supplement**IMPORTANT: PLEASE ATTACH A PHOTOCOPY OF YOUR VALID DRIVER'S LICENSE**

Applicant Name		Date		
Present Street Address		Social Security #		
City, State, Zip	How long?	Telephone #		
Previous Street Address (if less than 3 years at present address)		License Restrictions		
City, State, Zip	How long?			
Driver Licenses (List all licenses in space below or on the reverse side)				
State	License Number	Expiration Date		
Traffic Violation Record (List all Traffic Convictions and Forfeitures in the Past 3 Years except Parking Violations)				
Location	Date	Court	Charge	Penalty
Has your License or Permit to Operate a Motor Vehicle Ever Been Suspended or Revoked? No Yes. If yes, when, where and why?				
Crash Record (List all crashes in which you have been involved in the past 3 years)				
Date	Location	Description		

To Be Read and Signed By Applicant

I certify that all information on this application is true and complete to the best of my knowledge and that any misrepresentation could be reason for dismissal or denying employment. I authorize management to obtain a current Motor Vehicle Record of my driving history now and at any time in the future. I recognize that I will not be permitted to operate a company vehicle or drive on company business if a review of my driving record indicates any of the following convictions: (1) Hit and run, (2) Driving under the influence of alcohol or drugs, (3) Any felony, homicide or manslaughter involving use of a motor vehicle, or (4) Leaving the scene of a crash. I acknowledge that I have read the company's policy on safe driving and will follow requirements stated in this policy while I am driving on company business.

Driver's Signature_____
Date