



CONFIDENTIAL

Extracurricular Activities while in School: _____

Member of professional organizations: _____

Honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying: _____

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of Duty From: ____/____/____ To ____/____/____ Rank at Discharge _____
Month Day Year Month Day Year

Criminal Background

A criminal conviction may not necessarily disqualify an application from employment, but may be considered based on the nature and duties of the position(s) for which you apply.

Do you have a record of founded child or dependent adult abuse in this state or any other state? Yes No
 If yes, please provide dates and explanation.

Have you, under this name or any other, ever been convicted of a felony or misdemeanor in this state or other state, including, but not limited to, Operating While Intoxicated (OWI), Driving While Under the Influence (DUI), underage possession of alcohol, or 5th Degree Theft? (Does not include minor traffic violations such as speeding.)
 Yes No

If yes, please provide dates and explanation. _____

Professional Licenses and/or Certifications				Verify
Type	Organization or state issued	Date Issued	Number	
Type	Organization or state issued	Date Issued	Number	
Type	Organization or state issued	Date Issued	Number	

Have you ever had a professional license (including nursing, physician, therapy, social worker, dietitian, etc.) that was revoked, suspended, or voluntarily relinquished? Yes No

If yes, explain _____

Employment Record (list last or present position first)			
Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____
Name _____ Address _____ City/State/Zip _____ Supervisor _____ Phone _____	From _____ To _____	Starting _____ Ending _____	_____ _____ _____

If your former employment references, education or military service are under a name other than indicated on front of application, please indicate here. _____

Last First Middle Initial

ADDITIONAL REFERENCES		Give name(s) of person(s) familiar with your current skills and abilities whom we may contact for a references. Please do not list relatives.	
1			
Name	Relationship to applicant	Organization	
	Phone Number: Home / Work	Address/City/State	
2			
Name	Relationship to applicant	Organization	
	Phone Number: Home / Work	Address/City/State	
3			
Name	Relationship to applicant	Organization	
	Phone Number: Home / Work	Address/City/State	



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REFERENCE AUTHORIZATION

Applicant: Please complete and sign the Reference Authorization portion **below** to expedite the processing of your application.

Print Full Name

Please list ALL previous names

I voluntarily give Veterans Memorial Hospital the right to make investigation of my past employment record, educational history and character. I agree to cooperate in such an investigation, and release from all liability and/or responsibility all persons, companies or corporations, supplying such information.

Applicant Signature

Date

Social Security Number

Employment Understanding (Please Read and Sign)

(NOTE: This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.)

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would require to perform. I authorize Veterans Memorial Hospital to investigate all statements contained in this application for employment to include, criminal, child and dependent adult abuse information.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

Veterans Memorial Hospital is smoke-free. I will abide by the Company policies and procedures. My **SIGNATURE** indicates agreement and acknowledgement that my evaluation for this position will be based on the information I have provided in my application.

By signing below, I certify that the answers and information set out above are true, accurate, and correct to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate, or complete, I may not be hired.

Applicant's Signature

Date