



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Personal Information

Date of Application

Date Available

Phone Number

Name

Address

Email

If you cannot be reached at the above phone number, please give alternate number. Phone Number:

Employment Desired		
Position Applying For	Shift	Salary

EMPLOYMENT TYPE:

Full time? Part Time? Temporary?
 Are you 18 Yrs. of age or older? Yes No
 If not, are you at least 16 years of age? Yes No
 Currently Employed? Yes No
 How did you learn of this opening?

Education

Select Highest Grade Completed

Level	Name of School	Location (City, State)	Completed	Type of Degree or Certificate Received
High School			No Yes;	
College			No Yes;	
			No Yes;	
			No Yes;	



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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:

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

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 that was revoked, suspended, or voluntarily relinquished?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.



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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.

ADDITIONAL REFERENCES		Give name(s) of person(s) familiar with your current skills and abilities whom we may contact for a reference. Please do not list relatives.
1		
2		
3		

REFERENCE AUTHORIZATION

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

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.

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.