

LIST PRESENT OR MOST RECENT EMPLOYER FIRST:

Name and Address of Employer:		Dates	Position Held
_____		<u>From</u>	_____
Name		Mo. Yr.	Mo. Yr.
_____		_____	_____
Address		Salary	Describe in detail your responsibilities
_____		<u>Starting</u>	_____
_____		_____	_____
City	State	Zip	_____
_____		_____	_____
Telephone	Area Code		Supervisor:
_____			_____
May we contact this employer for reference? _____			
Reason for leaving: _____			

Name and Address of Employer:		Dates	Position Held
_____		<u>From</u>	_____
Name		Mo. Yr.	Mo. Yr.
_____		_____	_____
Address		Salary	Describe in detail your responsibilities
_____		<u>Starting</u>	_____
_____		_____	_____
City	State	Zip	_____
_____		_____	_____
Telephone	Area Code		Supervisor:
_____			_____
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Name		Mo. Yr.	Mo. Yr.
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Address		Salary	Describe in detail your responsibilities
_____		<u>Starting</u>	_____
_____		_____	_____
City	State	Zip	_____
_____		_____	_____
Telephone	Area Code		Supervisor:
_____			_____
May we contact this employer for reference? _____			
Reason for leaving: _____			

EDUCATION	SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	DID YOU GRADUATE?
	HIGH	_____	_____	___ YES ___ NO

	COLLEGE	_____	_____	___ YES ___ NO

	OTHER (SPECIFY)	_____	_____	___ YES ___ NO

 (The amount of education considered necessary will vary according to job applied for.)

CERTIFICATION	STATE	TYPE	NUMBER	ISSUE DATE	EXPIRATION DATE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

(Evidence of License/Certification, etc. must be verified & place in applicants' file prior to employment.)

EXPERIENCE Special skills you possess (including any special skills from military service): _____

Typing: Approximate WPM _____ Shorthand: Approximate WPM _____ Business machines and/or equipment you can operate (typewriter, calculator, computer, switchboard, transcription equipment):

Comments regarding lapses in employment history, if applicable. _____

Have you ever been discharged, forced or asked to resign? _____ Yes _____ No

Have you worked for any of the Employers listed in the "Employment History" section under another name? ___ Yes ___ No
 If yes state the prior name and employer to facilitate the hospital in checking references.

MILITARY SERVICE Veteran: _____ Yes _____ No Reserve Status _____ Branch _____

Date of Discharge _____ Rank or Grade of Discharge _____ Type of Discharge _____

Major duties, Service Schools or other special training _____

OTHER Are you an active member of Military Reserve Unit? _____ If yes, location of unit _____

Is anyone related to you employed by Little River Healthcare System? Yes _____ No _____

If yes, please give their name and relationship to you. _____

Have you been convicted of any federal criminal offence other than traffic violations within the past seven years?

Yes _____ No _____

Have you been release from confinement following a conviction for any criminal offence within the past seven years?

Yes _____ No _____

If your response to any of the proceeding two questions was "Yes", give the date, place and nature of each such conviction or pending charge. (The existence of a conviction or pending charge will not necessarily preclude you from employment: the nature of the crime and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will be considered.)

PERSONAL

REFERENCES: Personal References (exclude former employers and relatives)

	<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

COMMENTS

Give any additional information about yourself which will aid in evaluating your career interest and abilities. Include your long-range occupational goals here if applicable. You may want to comment on additional skills/traits that you possess which might be an asset to the position for which you are applying.

- I hereby give authorization to Little River Healthcare System to contact my past employers. My present employer may _____ may not _____ be contacted.
- I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal with out notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my performance while in their employ.
- I understand and agree that any employee handbook, which I may receive, will not constitute and employment contract, but will be merely a gratuitous statement of Little River Healthcare current policies.
- I understand that Little River Healthcare reserves the right to require its employees to submit blood test or urinalysis for alcohol drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought in or taken out of Little River Healthcare. I understand that refusal to submit to urinalysis, blood tests or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY LITTLE RIVER HEALTHCARE MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR LITTLE RIVER HEALTHCARE WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR FOR LITTLE RIVER HEALTHCARE.

Date _____

Applicants Signature _____

FORM FOR REFERENCES

I hereby authorize the release of all information requested on this form.

Applicants Name (Name used while employed)

Social Security Number

Signature

Date

_____ has applied for employment with Little River Healthcare and has authorized this request for information. Information you provide will be held in strict confidence. Please complete and return this form at your earliest convenience.

Name of verifying individual or employer _____

Association with applicant _____
(Friend, relative, co-worker, employer, etc.)

Position held _____

Employed from _____ to _____

Eligible for rehire? _____ Yes _____ No

PLEASE EVALUATE THE APPLICANT:

	EXCELLENT	GOOD	AVERAGE	POOR	N/A
Performance	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____	_____
Judgement	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____

Comments: _____

Signature

Title

Date