

# Care Regional Medical Center

## APPLICATION FOR EMPLOYMENT

Application must be printed, filled out in its entirety, and signed in either blue or black ink.

The position requisition number needs to be included

Today's Date	Position[s] Applied for	Requisition #	
Last Name	First Name	Middle Name	Maiden/Former Names
Address	City	State	ZIP Code
Day Telephone Number	Evening Telephone Number	Social Security Number	

Have you been employed with Care Regional Medical Center before?  Yes  No If yes, when? \_\_\_\_\_

Have you applied with Care Regional Medical Center before?  Yes  No Position/Date \_\_\_\_\_

Why would your employment be an asset to Care Regional Medical Center? \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your current employer?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Are you under the age of 18?  Yes  No

What are your salary requirements? \_\_\_\_\_ On what date are you available for work? \_\_\_\_\_

Are you available to work  Full-time  Part-time  Temporary  Shift Work

Are there any hours you cannot work?  Yes  No If yes, what hours? \_\_\_\_\_

If overtime is required, will you be willing and able to accommodate?  Yes  No

If no, explain \_\_\_\_\_

If travel is required, will you be willing and able to accommodate?  Yes  No

Have you ever pled guilty to, been convicted of, or received deferred  Yes  No

legal judgement for a felony offense? If yes, explain \_\_\_\_\_

Do you have any relatives, family members, or friends employed with Care Regional Medical Center?  Yes  No

If yes, please list their names \_\_\_\_\_ Relationship to you \_\_\_\_\_

**CARE REGIONAL MEDICAL CENTER IS AN EQUAL OPPORTUNITY EMPLOYER**

# Education

Fill out the section in its entirety, even if similar information is included in your resume.

	High School	Business/Technical	College/University	Graduate/Professional
School Name/Address/ City, State & Zip				
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma, Degree, Major or Course of Study				

Describe any specialized training, apprenticeships, skills or extra-curricular activities.

Describe any honors or awards you have received.

Give any other information that might be helpful to us in considering your application.

List any professional, business, trade or civic activities and offices held. *You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.*

Referral source:

- Advertisement     
  Walk-In/Mail-In     
  Care Regional medical Center Employee, Name: \_\_\_\_\_  
 College Recruit     
  Job Fair     
  Employment Agency, Name: \_\_\_\_\_  
 Other, Specify

**REFERENCES** Give name, address and telephone number of three work-related or professional references. **No Relatives.**

Name	Title/Occupation
Company	
Address (Street, City, State, ZIP)	
Area Code/Telephone Number	Years Known

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Area Code/Telephone Number	Years Known

Name	Title/Occupation
Company	
Address (Street, City, State, ZIP)	
Area Code/Telephone Number	Years Known

**EMPLOYMENT** Fill out this section in its entirety, even if similar information is included in your resume.

List your current or most recent position first. Clarify or account for any periods of unemployment on a separate sheet of paper.

Company Name & Address		Telephone	Position Held	
Start Date	End Date	Start Salary	Ending Salary	Immediate Supervisor's Name
Duties				
Reason for leaving:				May we contact? <b>Yes</b> <b>No</b>

Company Name & Address		Telephone	Position Held	
Start Date	End Date	Start Salary	Ending Salary	Immediate Supervisor's Name
Duties				
Reason for leaving:				May we contact? <b>Yes</b> <b>No</b>

Company Name & Address		Telephone	Position Held	
Start Date	End Date	Start Salary	Ending Salary	Immediate Supervisor's Name
Duties				
Reason for leaving:				May we contact? <b>Yes</b> <b>No</b>

Company Name & Address		Telephone	Position Held	
Start Date	End Date	Start Salary	Ending Salary	Immediate Supervisor's Name
Duties				
Reason for leaving:				May we contact? <b>Yes</b> <b>No</b>

If this position requires a driver's license, please answer the following: Proof will be required upon employment

Valid Driver's License Number \_\_\_\_\_

Number and type of moving violations in last five years \_\_\_\_\_

Number and reason for automobile accidents in the last five years \_\_\_\_\_

\_\_\_\_\_

**SKILLS AND LICENSES** Please check all that apply.

- ( ) Computer Hardware \_\_\_\_\_
- ( ) Software \_\_\_\_\_
- ( ) Calculator/Ten-Key by touch    ( ) Languages \_\_\_\_\_
- ( ) Typing \_\_\_\_\_ wpm
- ( ) Shorthand \_\_\_\_\_ wpm
- ( ) Dictation Equipment
- ( ) Switchboard  
Model? \_\_\_\_\_
- ( ) Other Machines \_\_\_\_\_

Licenses/Certifications:	State & License Number	Lic. Date	Exp.Date
( ) Registered Nurse, ( ) BSN, ( ) MSN			
( ) Licensed Vocational Nurse			
( ) ARRT, ( ) CRRT, ( ) RRT			
( ) ACLS, ( ) PALS, ( ) TNCC, ( ) CEN, ( ) CNOR ( ), BTLs ( ) CPR,			
( ) Certified Nurses Assistant ( ) Nurse Tech			
( ) Other			

## Agreement and Certification

My signature below constitutes full acceptance of this employment application in its entirety and certifies that the information provided herein is true and correct to the best of my knowledge.

I voluntarily authorize Care Regional Medical Center to make investigations of my personal, employment, and other related matters as necessary in arriving at an employment decision or verifying information related to my application.

I hereby release from all liability all persons or entities supplying or collecting such information.

If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference checks satisfactory to Care Regional Medical Center.

If I am employed, I understand that if I have deliberately omitted or given false or misleading information in this application, my resume (if any), or interview (s) I may be discharged. If Care Regional Medical Center accepts me for employment, I agree to abide by all of Care Regional Medical Center's policies and practices during my employment.

If I am employed, I understand that I will be required to sign agreements regarding secrecy of communications and inventions, discoveries, or developments that I make, discover, or develop during my employment at Care Regional Medical Center.

In accordance with Care Regional Medical Center's policy to maintain a drug-free workplace, any offer of employment will be contingent upon an applicant submitting to a drug test and receiving a negative drug test result.

Also, certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by Care Regional Medical Center policy and release Care Regional Medical Center from any liability arising from such testing and/or the decisions made based on such testing.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either Care Regional Medical Center or I may terminate my employment at any time, with or without cause and with or without notice.

I further understand that my employment is at will regardless of any statement made by a Care Regional Medical Center agent or in a Care Regional Medical Center policy, practice, handbook, program, or any other written or oral materials.

I understand that no representatives of North Bay Hospital have the authority to make agreements with me concerning the length of my employment.

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Applicant's Signature

Date

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Applicant's Printed Name

SS#

## APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT			
Name: _____			
Last	First	Middle	Date
Position Applied for; (list only one) _____			
What is your race/ethnic origin?		What is your sex?	
<input type="checkbox"/> White		<input type="checkbox"/> Male	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Female	
<input type="checkbox"/> American Indian/Alaskan Native			
<input type="checkbox"/> Black			
<input type="checkbox"/> Asian/Pacific Islander			

Are you a Vietnam Era Veteran?.....!.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A person who served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released therefrom with other than a dishonorable discharge or for a service connected disability.		
Are you a disabled veteran?.....!.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.		
Do you have a mental or physical disability?.....!.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of such impairment, or who is regarded as having such an impairment.		