



# Ward Memorial Hospital

## Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

### Referral Source (Please check the appropriate category and name the source)

- Walk-in \_\_\_\_\_
- Employee \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Company's Website \_\_\_\_\_
- Other Internet \_\_\_\_\_
- School \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Staffing Agency \_\_\_\_\_
- Gov. Emp. Agency \_\_\_\_\_
- Other \_\_\_\_\_

If you are under 18 and it is required,  
Can you furnish a work permit?  Yes  No  
If **no**, please explain \_\_\_\_\_

Have you submitted an application here before?  
 Yes  No  
If **yes**, give date(s) and position(s) \_\_\_\_\_  
\_\_\_\_\_

Have you been employed here before?  Yes  No  
If **yes**, give dates From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Are you legally eligible for employment  
in this country?  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?  Yes  No

Will you work overtime if required?  Yes  No

If **no**, please explain \_\_\_\_\_  
\_\_\_\_\_

Driver's license number required if driving may be required  
in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

*Answering "yes" to the following question does not constitute an automatic  
bar to employment. Factors such as date of the offense, seriousness and  
nature of the violation, rehabilitation and position applied for will be taken  
into account.*

Have you ever pled "guilty" or "no contest" to,  
or been convicted of a crime?  Yes  No

If **yes**, please provide date(s) and details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

*Starting with your most recent employer, provide the following information*

Employer	Telephone # ( )	Dates Employed: Month / Year to Month / Year
Street Address	City State	Compensation (Starting)
Starting job title / Final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$_____per _____ Commission/Bonus/Other Compensation \$_____
Immediate supervisor and title (for most recent job held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$_____per _____ Commission/Bonus/Other Compensation \$_____
Summarize the type of work performed and job responsibilities		

Employer	Telephone # ( )	Dates Employed: Month / Year to Month / Year
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Starting job title / Final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$_____per _____ Commission/Bonus/Other Compensation \$_____
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Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$_____per _____ Commission/Bonus/Other Compensation \$_____
Summarize the type of work performed and job responsibilities		

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Immediate supervisor and title (for most recent job held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$_____per _____ Commission/Bonus/Other Compensation \$_____
Summarize the type of work performed and job responsibilities		

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. \_\_\_\_\_

\_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes  No

If **yes**, please explain \_\_\_\_\_

\_\_\_\_\_

## Computer Skills

(Check appropriate boxes. Include software titles and years of experience.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_

Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information:

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			( )	
			( )	
			( )	

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provide by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I also authorize Ward Memorial Hospital to do a criminal background check of my record.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, stat or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and federal immigration laws require me to complete an I-9 Form in this regard.

If I am hired, I agree to be drug tested upon hire and at random during the duration of my employment.

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_