

## FAITH COMMUNITY HEALTH SYSTEM Application for Employment

**EQUAL OPPORTUNITY EMPLOYER** It is our policy to provide equal employment opportunities(EEO) to all applicants for employment without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state, and local laws, except where a reasonable bona fide occupational qualification exists.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

How long at this address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

e-mail Address \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

What are your minimum salary requirements? \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Date Available for work \_\_\_\_\_

Check the following options you would consider

Full-Time       Part-Time       Temporary

List any languages that you speak fluently: \_\_\_\_\_

Read/Write: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us?  Yes  No

List any relatives currently working for Faith Community Hospital: \_\_\_\_\_

Were you previously employed at Faith Community Hospital  Yes  No

Military Experience?  Yes  No  
If yes what branch? \_\_\_\_\_

Rank at separation: \_\_\_\_\_

### EDUCATION AND TRAINING

School Name	School Name	City and State	# of Years Attended	Degree Received
Grammar School				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certifications/licenses that you possess related to the job. \_\_\_\_\_

Professional License/Certification#	Professional Licenses/Certification Type	Issuing Agency	State Agency	Expiration Date
Professional License/Certification#	Professional Licenses/Certification Type	Issuing Agency	State Agency	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating. \_\_\_\_\_

<b>EMPLOYMENT HISTORY</b> List all work experience beginning with the present or most recent job held	
Name of Employer	Type of Business
Address City	State
Dates employed From (month/year) - To (month/year)	Title
Name and Title of Supervisor	Telephone Number ( )
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Brief Description of Duties	
Reason for Leaving	

Name of Employer	Type of Business
Address City	State
Dates employed From (month/year) - To (month/year)	Title
Name and Title of Supervisor	Telephone Number ( )
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
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May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Brief Description of Duties	
Reason for Leaving	

Name of Employer	Type of Business	
Address	City	State
Dates employed From (month/year) - To (month/year)		Title
Name and Title of Supervisor		Telephone Number ( )
May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time
Brief Description of Duties		
Reason for Leaving		

**BUSINESS REFERENCES** List three individuals not related to you whom you have known at least one year.

	NAME	OCCUPATION/ASSOCIATION	TELEPHONE
1.			
2.			
3.			

**ADDITIONAL INFORMATION**

Please provide any other information you think would be helpful to us in considering you for employment such as additional work experience, activities, certificates, honors received etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, natural origin or disability.)


**CERTIFICATION OF ACKNOWLEDGMENT ON TOBACCO/NICOTINE USE:**

As an applicant for Faith Community Hospital, I certify that I do not use any tobacco or nicotine product, such as cigarettes, cigars, chew, snuff, pipe, electronic cigarettes, etc.

I understand that upon a contingent job offer, I will be tested for tobacco/nicotine usage. If the results are positive, the job offer will be rescinded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AGREEMENT** (Please read the following statement carefully)

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered my application may be rejected and, if employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name