

**EMPLOYMENT APPLICATION**  
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Please read carefully, write clearly, complete all areas and answer all questions.

Adams County Regional Medical Center is an Equal Opportunity Employer and does not discriminate based on race, color, creed, religion, nation origin or citizenship, sex, sexual orientation or gender identity, marital status, disability, status with regard to public assistance, age or any other protected category listed under federal, state, or local law.

<b>GENERAL INFORMATION</b>				Application Date
Last Name	First Name	Middle Name	Email:	
Street Address	City	State	Zip	
Home Phone	Cell/Alternate Phone	Emergency Contact/Phone		

**CITIZENSHIP/CONVICTIONS**

Are you a Citizen of the US?  Yes  No (If no, you must provide a document to show that you are authorized to work in the US.)

Have you ever been convicted of or pled guilty to a felony or misdemeanor?  Yes  No If yes, please explain (include traffic violations):

**NOTE:** Conviction will not automatically disqualify applicant from employment. Failure to disclose will disqualify applicant from employment.  
 Have you ever been suspended, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program (e.g. Medicare or Medicaid)?  Yes  No

**JOB POSITION**

1 <sup>st</sup> choice	2 <sup>nd</sup> choice	Will you accept a part time or pool position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you accept a position on? Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Any <input type="checkbox"/>	Salary requirement
Have you previously been employed at this hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes give name at termination:		Worked _____ to _____		Dept: _____
Do you have relatives employed at this hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of relative:		Relation: _____ Dept: _____		

**EDUCATION**

Circle the last year of high/technical school completed. 9 10 11 12 If not completed, do you have a GED?  Yes  No

Name of college/university	City	State	Major	Years completed	Diploma received	Date of Graduation
				1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PROFESSIONAL LICENSE, REGISTRATION, CERTIFICATION OR TRAINING (Copies to be provided upon request.)**

Type	License #	State Issued	Date Issued
Type	License #	State Issued	Date Issued
Type	License #	State Issued	Date Issued
Type	License #	State Issued	Date Issued
Type	License #	State Issued	Date Issued

Has any professional license, registration or certification awarded to you ever been suspended?  Yes  No

Have you ever been placed on probation regarding any professional license, registration or certification awarded to you?  Yes  No

Do you speak any foreign languages? Please list \_\_\_\_\_

Computer skills: (Please circle those in which you are competent) Microsoft programs: Excel Outlook PowerPoint Word List others \_\_\_\_\_

Please list any other information you feel is pertinent to your application.

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**PERSONAL REFERENCES (Minimum of 3) (Excluding relatives and clergy.)** References must be known to you at least 5 years.

Name	Occupation	City	Home phone	State	Work phone	Zip
Street Address	Occupation	City	Home phone	State	Work phone	Zip
Name	Occupation	City	Home phone	State	Work phone	Zip
Street Address	Occupation	City	Home phone	State	Work phone	Zip

**CURRENT/PREVIOUS EMPLOYERS (Minimum of 3)**

Name	Position	City	Weekly Salary	Supervisor name
Street Address	Employed from _____ to _____	City	Reason for leaving	State
Phone#	Employed from _____ to _____	City	Reason for leaving	State
Name	Position	City	Weekly Salary	Supervisor name
Street Address	Employed from _____ to _____	City	Reason for leaving	State
Phone#	Employed from _____ to _____	City	Reason for leaving	State
Name	Position	City	Weekly Salary	Supervisor name
Street Address	Employed from _____ to _____	City	Reason for leaving	State
Phone#	Employed from _____ to _____	City	Reason for leaving	State

May we contact your current employer for a reference?  Yes  No If no, please explain

Explain any employment gaps during the last 10 years.

Applicant's Certification: It is understood that completion of this application in no way creates an expressed or implied contract of employment. I represent that all information presented in this application is complete and accurate. If information contained in this application is found to be false or to have been intentionally omitted, adverse employment action, including termination, may occur. I voluntarily give permission to make a thorough investigation of my past employment and all other facts stated above and release from liability or responsibility all persons supplying such information. I also voluntarily give permission to perform future drug tests or any other tests that relate to my employment. If I am hired, I understand it will be on an employment-at-will basis.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW LINE-----FOR OFFICE USE ONLY**

Start date	Start time	Status:	Full time	Part time	Pool	Shift:	Day	Evening	Night	Department:
Position title:	Base pay: \$	Pool differential:	\$	Total pay: \$	Shift differential: \$	Department Manager signature:				
Comments	APPROVED BY: Division Council Rep.	CEO	HR Director							
Scheduled for Hospital Orientation	Employee #:									