ELKVIEW
GENERAL HOSPITAL

EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

Name: _____ E-mail: _____
Street Address: _____ Phone: _____
City/State/Zip: _____ Cell: _____

Position Applied for _____
Expected Salary or Hourly Rate of Pay _____
☐ Full Time ☐ Part Time ☐ Temporary ☐ Shift
If you selected Shift, Please indicate preference ☐ 1st ☐ 2nd ☐ 3rd ☐ Any

How were you referred to this company? _____
Have you ever been employed here before? ☐ Yes ☐ No
List any professional licenses you hold. _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? __ No __ Yes
If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, and sentence(s) imposed.

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

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EDUCATION:

Schools/Colleges Attended:	# Years	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____
_____
Reason for Leaving: _____
Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____
_____
Reason for Leaving: _____
Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____
_____
Reason for Leaving: _____
Dates of Employment (Month/Year): From _____ To _____

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Employer: _____

Job Title: _____ Supervisor: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Describe Duties/Responsibilities/Accomplishments: _____
_____
Reason for Leaving: _____
Dates of Employment (Month/Year): From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____
Company: _____
Street Address: _____
Position: _____
City/State/Zip: _____ Phone: _____

Name: _____
Company: _____
Street Address: _____
Position: _____
City/State/Zip: _____ Phone: _____

Name: _____
Company: _____
Street Address: _____
Position: _____
City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____
Relationship: _____
Street Address: _____
How long: _____
City/State/Zip: _____ Phone: _____

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Name: _____
Relationship: _____
Street Address: _____
How long: _____
City/State/Zip: _____ Phone: _____

Name: _____
Relationship: _____
Street Address: _____
How long: _____
City/State/Zip: _____ Phone: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Elkview General Hospital, to investigate any statement contained in this application as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Elkview General Hospital.

Signed: _____
Date: _____

Application can be mailed to:

Elkview General Hospital
Human Resources Dept.
702 N Hill
Hobart,OK 73651

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CRIMINAL HISTORY CHECK CONSENT FORM

I, _____, hereby authorize Elkview General Hospital to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until Elkview General Hospital receives notification from that agency clearing me, my application will be deferred.

As an applicant for an Elkview General Hospital staff position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendre or guilty to any offense similar to those listed on the application. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendre or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied an Elkview General Hospital position or, if already accepted, terminated from my Elkview General Hospital position.

_____ Date: _____
(Signature of the Applicant)

Full Name of the Applicant: _____
Social Security Number: _____
Driver's License Number: _____
State of Issuance: _____
Date of Expiration: _____

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