



It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

PERSONAL INFORMATION

Individuals filling out this form acknowledge they are at least 18 years old.  Yes  No

Form fields for First Name, Last Name, MI, Home Phone, Cell Phone, and Email.

Form fields for Current Address, Apt / Suite, Current City, Current State, and Current Zipcode.

Form fields for Open Position(s) You Are Applying For, Date Available for Work, Type of Position (check all that apply), and Shift (check all that apply).

Form fields for Salary Requirement, Are you willing to Travel?, Are you willing to Relocate?, and Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?

Form fields for If overtime work is required periodically, does this pose a problem for you?, Are You Legally Authorized to Work in the U.S., and Have you ever worked for Wilson Medical?

Form fields for Are you related to any Wilson Medical Center employee?, How did you learn about this position?, and Current Employee Name.

Form fields for Are you able to perform the essential, job related functions of this position for which you are applying with or without reasonable accommodations?, Are you presently charged with any violation of the law?, and Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid - and are you aware of any potential exclusion from a federally funded health program?

EDUCATIONAL HISTORY

Form fields for High School, School Name, From MM/YYYY To MM/YYYY, Degree or Certificate, City, State, Graduated / GED, and Yes/No options.



EDUCATIONAL HISTORY - CONTINUED

College	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated <input type="radio"/> Yes <input type="radio"/> No	
College	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated <input type="radio"/> Yes <input type="radio"/> No	
Graduate School	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated <input type="radio"/> Yes <input type="radio"/> No	
Other	School Name	From MM/YYYY	To MM/YYYY	Degree or Certificate
	City	State	Graduated <input type="radio"/> Yes <input type="radio"/> No	

Clerical or other skills applicable to the position(s) you are applying

- Typing
- Proficient in Software
- Business Machines and/or Equipment
- Other

WPM

PBX

List any Professional Licenses, Registration or Certifications	Indicate if you are ineligible to become licensed or certified in your field. Please explain
<input type="text"/>	<input type="text"/>

Indicate if any licenses have been revoked, suspended or placed on probation



**WORK HISTORY**

<b>Current or Most Recent</b>	From MM/YYYY To MM/YYYY	Company	Address	Phone	
	Name While Employed		Job Title	Duties / Role	
	Type		Hours Per Week	Immediate Supervisor	Reason for Leaving
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				May We Contact The Company <input type="radio"/> Yes <input type="radio"/> No
<b>1st Previous</b>	From MM/YYYY To MM/YYYY	Company	Address	Phone	
	Name While Employed		Job Title	Duties / Role	
	Type		Hours Per Week	Immediate Supervisor	Reason for Leaving
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				May We Contact The Company <input type="radio"/> Yes <input type="radio"/> No
<b>2nd Previous</b>	From MM/YYYY To MM/YYYY	Company	Address	Phone	
	Name While Employed		Job Title	Duties / Role	
	Type		Hours Per Week	Immediate Supervisor	Reason for Leaving
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				May We Contact The Company <input type="radio"/> Yes <input type="radio"/> No
<b>3rd Previous</b>	From MM/YYYY To MM/YYYY	Company	Address	Phone	
	Name While Employed		Job Title	Duties / Role	
	Type		Hours Per Week	Immediate Supervisor	Reason for Leaving
	<input type="checkbox"/> PRN <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				May We Contact The Company <input type="radio"/> Yes <input type="radio"/> No

**Professional References** • References should not be relatives. Give references who have good knowledge of your work.

	Name	Position	Address	Phone	# of Years Known
1)					
2)					
3)					
4)					
5)					



**IMPORTANT INFORMATION**

**Please review and acknowledge that you understand the following:**

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand that the facility serves the right to require its employees to submit blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis or blood test, when requested to do so, may result in termination of my employment.
- Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy.

**ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.**

**Release:**

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I agree that I will settle any and all claims, disputes or controversies arising out of or relating to my application for employment, employment or termination of employment with the employer *exclusively* by final and binding *arbitration* and before a neutral Arbitrator and in accordance with the rules and procedures for employment disputes adopted by the employer. Such claims shall include those that could be brought in a court of law under any applicable federal, state or local statutory or common law, such as the Age Discrimination in Employment act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Family and Medical Leave Act, state civil rights acts, the law of contract and the law of tort.

**I have read and understand these conditions of employment.**  Yes

**Applicants Full Name**

**Date Prepared**

[Redacted Name Field]

[Redacted Date Field]