



## Employment Application

*WE OFFER EQUAL EMPLOYMENT OPPORTUNITY TO ALL BASED UPON INDIVIDUAL MERIT & WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, AGE OR DISABILITY.*

Name: Last First: Middle: Date:

Address: Number, Street, Etc.			Phone:
City or Town:	State:	Zip Code:	
Applying For: (Give Specific Job Title/s)			Shift Work? Y / N
<b>1</b>	Employer Name:		Phone:
Address:		City:	State: Zip Code:
Supervisor's Name & Title:		Date Hired:	Terminated:
Final Wage: \$_____	Left, Why?		Job Title:
Your Duties/Skills:			
<b>2</b>	Employer Name:		Phone:
Address:		City:	State: Zip Code:
Supervisor's Name & Title:		Date Hired:	Terminated:
Final Wage: \$_____	Left, Why?		Job Title:
Your Duties/Skills:			
<b>3</b>	Employer Name:		Phone:
Address:		City:	State: Zip Code:
Supervisor's Name & Title:		Date Hired:	Terminated:
Final Wage: \$_____	Left, Why?		Job Title:
Your Duties/Skills:			
<b>Education</b>	<b>School Name/Location</b>	<b>Degree/Studied</b>	<b>Years Completed</b>
High School			
Trade School			
College/Vo-Tech			
Other Special Training or Education:			

<b>ADDITIONAL INFORMATION</b>		
<b>1</b>	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b>	Have you ever been convicted of a crime (s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, explain the nature of the offense, date and penalty:		
<b>3</b>	Do you have any relatives in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give name(s), relationship(s), and work location(s):		
<b>4</b>	Have you ever worked for I-70 Community Hospital before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give date, location, and type of work:		
<b>5</b>	Have you been a resident of the state of Missouri for 5 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b>	Is there any legal reason why you cannot be employed in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, explain:		
<p><b>IMPORTANT: Read The Following Certification And Agreement Carefully Before Signing.</b></p> <p><b>In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for I-70 Community Hospital either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to I-70 Community Hospital upon request, any information they may have as to my record, performance, and attendance and will hold such schools and employers harmless for such disclosure. I agree to take a drug screening test, if required, following an offer of employment. I have read and do understand and subscribe to this certification and agreement.</b></p> <p><b>In consideration of my employment, I agree to conform to the rules and regulations of I-70 Community Hospital. I also agree that my employment and compensation at I-70 Community Hospital is “at will” and there exists no guarantee of continued employment, either express or implied, and I have the right to terminate my employment at any time without limitation or condition and, of course the hospital retains the same right.</b></p>		
Signature:		Date Signed:
<b>FOR COMPANY USE ONLY</b>		
Division:	Location:	Department:
Job Title:	Salary:	Starting Date:

**PERSONAL REFERENCES:**

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Name	Occupation	Phone Number
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Name	Occupation	Phone Number
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Name	Occupation	Phone Number
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**NOTIFY IN CASE OF EMERGENCY:**

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Name	Relationship	Phone Number
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Street Address	City	State	Zip
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## PERSONNEL REFERENCE INQUIRY

The individual named below has applied for employment at I-70 Community Hospital and has listed you/your organization as a reference. We would appreciate verification of this applicant's work history.

Name of Applicant \_\_\_\_\_ SS #: \_\_\_\_\_

Position applied for \_\_\_\_\_

Stated period employed by you from \_\_\_\_\_ to \_\_\_\_\_

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Dates of Employment

Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Type of work performed \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Eligible for rehire \_\_\_\_\_ Comments \_\_\_\_\_

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

Title \_\_\_\_\_

You are authorized to give to I-70 Community Hospital all information regarding my services, character and conduct while in your employ. You are released from any and all liability which may result from furnishing such information.

Witness \_\_\_\_\_ Signed \_\_\_\_\_

(Applicant Sign Here)

Date \_\_\_\_\_