

ADDITIONAL INFORMATION		
1	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	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:		
3	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):		
4	Have you ever worked for I-70 Medical Center before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, give date, location, and type of work:		
5	Have you been a resident of the state of Missouri for 5 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	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>IMPORTANT: Read The Following Certification And Agreement Carefully Before Signing.</p> <p>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 Medical Center either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to I-70 Medical Center 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.</p> <p>In consideration of my employment, I agree to conform to the rules and regulations of I-70 Medical Center. I also agree that my employment and compensation at I-70 Medical Center 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.</p>		
Signature:		Date Signed:
FOR COMPANY USE ONLY		
Division:	Location:	Department:
Job Title:	Salary:	Starting Date:

PERSONAL REFERENCES:

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:

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 Medical Center 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 _____

Dates of Employment

Beginning _____ Ending _____

Type of work performed _____

Reason for leaving _____

Eligible for rehire _____ Comments _____

Signature _____ Date _____

Title _____

You are authorized to give to I-70 Medical Center 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 _____