



ERNEST
HEALTH, INC.

Application for Employment

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.

Facility Location _____	Date _____		
Applicant Name (Please Give Complete Name) _____	Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. _____	Home Phone _____
Present Address (include City, State, Zip Code) _____			
Previous Address (If at Present Address Less Than 12 Months) _____			

Current Open Position(s) for Which You Are Applying		Type of Position	Shift
1) _____	2) _____	<input type="checkbox"/> Per Diem <input type="checkbox"/> Pool <input type="checkbox"/> Full Time <input type="checkbox"/> PRN <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotation
Salary Requirement _____	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you work overtime if it is a requirement of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available For Work _____	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked in a facility associated with Ernest Health, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility? _____	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Job Listing <input type="checkbox"/> School <input type="checkbox"/> Current Employee <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____	Are you able to perform the essential job related functions of the position for which you are applying with or without accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe any accommodations necessary. _____ Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest or charges that have been expunged need not be disclosed. If yes, give date, place and nature of each such conviction. _____ Are you presently charged with any violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge. _____
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Educational History

Type of School	Name of School City, State	Check Last Year Attended in School	Degree or Certificate
High School/ GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) _____ To (Year) _____	
Other		From (Year) _____ To (Year) _____	

List any professional licenses, registration or certification you possess (include Drivers License, if applicable) <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Type</th> <th style="width:20%;">State Issued</th> <th style="width:20%;">Expiration Date</th> <th style="width:20%;">Number</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Have you ever had any professional license, registration or certification revoked, suspended or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the circumstances of each such revocation, suspension or period of probation on a separate sheet of paper. _____	Type	State Issued	Expiration Date	Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software: _____ _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ _____ <input type="checkbox"/> Other: _____
Type	State Issued	Expiration Date	Number														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

Application for Employment

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

Current or Most Recent	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
	Job Title		Other reference with this employer		Reason for leaving
	Nature of Duties				
1st Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
	Job Title		Other reference with this employer		Reason for leaving
	Nature of Duties				
2nd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
	Job Title		Other reference with this employer		Reason for leaving
	Nature of Duties				
3rd Previous	From Mo. Yr.	To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
	Job Title		Other reference with this employer		Reason for leaving
	Nature of Duties				

Professional References (Other than Relatives)

Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Number of Years Known
1.				
2.				

<p>Please Review and Sign Where Indicated. In making application for employment:</p> <ul style="list-style-type: none"> I certified that the information in this application is true and complete in all material respects. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is materially untrue, incomplete, or misrepresented, I understand and agree 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 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. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis 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, blood test or search, 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 facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a 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. 	<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN BE ALTERED ONLY 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. <p>Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Register/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. A copy of this release is as valid as the original.</p>
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I have read and understand these conditions of employment.	Applicant Signature _____	Date Prepared _____
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Office Use Only	<input type="checkbox"/> Referred to Department _____	<input type="checkbox"/> Not Qualified for Opening
	<input type="checkbox"/> Recommended Employment	<input type="checkbox"/> References Checked
	Date _____	By _____