

DELTA REGIONAL MEDICAL CENTER

APPLICATION FOR EMPLOYMENT

This application is intended to provide information for evaluating your suitability for employment and is not intended to be a contract for employment of any type. It is very important for you to read each question carefully and give an honest and complete answer. Qualified applicants receive consideration for employment without unlawful discrimination because of sex, religion, race, color, national origin, age, disability or other classification protected by law. Applications will remain active for three months.

PLEASE TYPE OR PRINT ALL INFORMATION

Date: _____ / _____ / _____

Position(s) Applying For: _____

How did you learn about us? Walk-in Friend Relative Jobline DRMC Website WIN Job Service

Career/ Job Fair: _____ Advertisement: Please State Name of Publication: _____

Employee Referred By: _____ Other: _____

Name: _____

LAST

FIRST

MIDDLE INITIAL

Mailing Address: _____

CITY

STATE

ZIP CODE

Phone: (_____) _____ (_____) _____ Social Security #: _____

HOME

MESSAGE

If related to any employee of DRMC, please state name and department: _____ / _____

If you have been employed under another name, please list here: _____

Are you under 18 years of age? ----- Yes No

Are you currently employed? ----- Yes No

May we contact your present employer? ----- Yes No

Do you have legal rights to work in this country? *(Proof of legal rights to work in this country will be required upon employment.)* --- Yes No

Have you ever been employed with us before? ----- Yes No If "yes," give date (s): _____

Are you available to work: Full-Time Part-Time PRN Temporary

Are you available to work overtime if required? ----- Yes No

How flexible are you in accepting varying scheduled hours? Very Flexible Somewhat Flexible Need Set Schedule

Minimum Salary Desired: _____

Have you ever been discharged from a job or forced to resign? ----- Yes No

Explain: _____

Are you currently excluded as a provider of services by Medicare, Medicaid or any other federal or state health care program? ----- Yes No

Should an exclusion occur in the future, will you agree to notify Delta Regional Medical Center within 10 days of exclusion? ----- Yes No

Have you ever been convicted of a crime or violation other than a minor traffic infraction? ----- Yes No

If "yes," please explain: _____

Criminal convictions are not an absolute bar to employment, but will only be considered with respect to the specific requirements of the job for which you are applying.

Date: _____ / _____ / _____
Name: _____
MIDDLE INITIAL
FIRST
LAST

EDUCATION:

HIGH SCHOOL:

High School Graduate/GED: Yes No

COLLEGE:

Graduated: Yes No Year Graduated: _____

Major/Field(s) of Study: _____ Degree: _____

COLLEGE:

Graduated: Yes No Year Graduated: _____

Major/Field(s) of Study: _____ Degree: _____

TECHNICAL, BUSINESS OR CORRESPONDENCE SCHOOL:

Graduated: Yes No Year Graduated: _____

Major/Field(s) of Study: _____ Degree: _____

Describe any specialized training, apprenticeship and skills such as computer, office equipment, etc.:

LICENSE(S) AND CERTIFICATION (S):

Verified by: _____

Type of License(s)/Certification(s): _____ Expiration Date: ____/____/____

Type of License(s)/Certification(s): _____ Expiration Date: ____/____/____

Type of License(s)/Certification(s): _____ Expiration Date: ____/____/____

REFERENCES:

(Give name, address and telephone number of three references that you have known for at least one year who are not related to you.)

Name: _____ Phone: _____ Years Acquainted: _____

Address: _____ Business: _____

Name: _____ Phone: _____ Years Acquainted: _____

Address: _____ Business: _____

Name: _____ Phone: _____ Years Acquainted: _____

Address: _____ Business: _____

EMPLOYMENT EXPERIENCE

Please list all employment experience with most recent employment first.

Employer: _____
Address: _____
Phone Number (s): (_____) _____
Job Title: _____
Supervisor's Name/Title: _____
Reason for Leaving: _____
Salary Received: \$ _____ HOURLY / WEEKLY / MONTHLY
Employed from: _____ to _____
MONTH/YEAR MONTH/YEAR

DUTIES AND SKILLS PERFORMED: _____

Employer: _____
Address: _____
Phone Number (s): (_____) _____
Job Title: _____
Supervisor's Name/Title: _____
Reason for Leaving: _____
Salary Received: \$ _____ HOURLY / WEEKLY / MONTHLY
Employed from: _____ to _____
MONTH/YEAR MONTH/YEAR

DUTIES AND SKILLS PERFORMED: _____

Employer: _____
Address: _____
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DUTIES AND SKILLS PERFORMED: _____

Employer: _____
Address: _____
Phone Number (s): (_____) _____
Job Title: _____
Supervisor's Name/Title: _____
Reason for Leaving: _____
Salary Received: \$ _____ HOURLY / WEEKLY / MONTHLY
Employed from: _____ to _____
MONTH/YEAR MONTH/YEAR

DUTIES AND SKILLS PERFORMED: _____

Do you expect any of the employers listed above to give you a poor reference? Yes No

If yes, explain: _____

**ADDENDUM TO DELTA REGIONAL MEDICAL CENTER
APPLICATION FOR EMPLOYMENT**

**DRMC C.A.R.E.
Standards of Behavior**

LETTER OF COMMITMENT

I, _____, understand that all team members of DELTA REGIONAL MEDICAL CENTER, accept responsibility for promoting the initiative to show pride in caring for the customers and team members within their workplace. The team demonstrates pride and loyalty by following these guidelines daily:

Communication:

Acknowledgement, listening, eye contact, understanding, courtesy, and clarity.

Attitude:

Professional, compassionate, concerned, empathic, and respectful.

Responsibility:

Ownership, loyalty, accountability, appearance, commitment, teamwork, and safety.

Etiquette:

Courtesy, friendliness, respect for time, privacy, and confidentiality.

If selected to become a team member of Delta Regional Medical Center, I will also adhere to these guidelines.

Applicant:

Date:

Reviewed with Applicant (interview process)

Date:
