

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.

APPLICATION UPDATE:

List any job-related information not given on your previous application.

[illegible]

APPLICANT'S STATEMENT

I hereby certify that all of my statements and information are true, and I understand that any false statements or omissions are cause for termination. I agree to submit to a drug/alcohol test and/or physical following any conditional offer of employment, and I grant permission to Delta Regional Medical Center to investigate my criminal history, education, prior employment history and references, and hereby release all persons or agencies from all liability for any damage for issuing this information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that I, the employee, may resign at any time, and the employer may discharge me, the employee, at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed except in writing by the Chief Executive Officer or Chief Human Resources Officer.

I understand that this application is current for only three months. At the end of that time, if I do not hear from Delta Regional Medical Center and still wish to be considered for employment, it will be necessary for me to update my application.

SIGNATURE OF APPLICANT

DATE _____

PRINT NAME

EMPLOYMENT EXPERIENCE

Please list all employment experience with most recent employment first.

Employer: _____

DUTIES AND SKILLS PERFORMED: _____

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

Employer: _____

DUTIES AND SKILLS PERFORMED: _____

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

Employer: _____

DUTIES AND SKILLS PERFORMED: _____

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

Employer: _____

DUTIES AND SKILLS PERFORMED: _____

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

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

If yes, explain: _____

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: _____