



A P P L I C A T I O N F O R E M P L O Y M E N T

MVRMC

ALL APPLICATIONS MUST BE PRINTED IN INK OR TYPED

1 Personal

NAME (LAST, FIRST, MIDDLE, MAIDEN) _____

ADDRESS (NUMBER AND STREET) _____

CITY, STATE, ZIP _____

POSITION(S) DESIRED _____ SALARY/WAGE DESIRED _____

DATE AVAILABLE TO START _____	BEST TIME TO CONTACT YOU _____
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TELEPHONE NUMBER/E-MAIL (IF FROM OUT OF TOWN, PLEASE LIST LOCAL NUMBER WHERE YOU CAN BE REACHED) _____	SHIFT AVAILABILITY: DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/> WEEKENDS <input type="checkbox"/>
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DRIVER'S LICENSE # _____	DESIRED STATUS: FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ____# HRS/WEEK PRN <input type="checkbox"/>
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HOW WERE YOU REFERRED TO THIS FACILITY? _____

2 Licenses and Professional Data

<p>LICENSE</p> <p><input type="checkbox"/> Currently Licensed</p> <p><input type="checkbox"/> Eligible for License</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Currently Licensed</p> <p><input type="checkbox"/> Eligible for License</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p>	<p>REGISTRATION</p> <p><input type="checkbox"/> Currently Registered</p> <p><input type="checkbox"/> Eligible for Registration</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Currently Registered</p> <p><input type="checkbox"/> Eligible for Registration</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p>	<p>CERTIFICATION</p> <p><input type="checkbox"/> Currently Certified</p> <p><input type="checkbox"/> Eligible for Certification</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Currently Certified</p> <p><input type="checkbox"/> Eligible for Certification</p> <p>Type: _____</p> <p>State: _____ Expiration Date: _____</p> <p>Number: _____</p>
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HAVE YOU EVER HAD A PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION SANCTIONED, SUSPENDED, REVOKED OR PLACED ON PROBATION? NO YES IF YES, EXPLAIN: _____

HAVE YOU EVER HAD A SUMMONS, HEARING OR COURT APPEARANCE RELATED TO YOUR PROFESSION? NO YES IF YES, EXPLAIN: _____

DO YOU HAVE ANY CRIMINAL CONVICTIONS OR ANY PENDING CRIMINAL CHARGES, IN ANY STATE? IF YES, EXPLAIN. YES NO

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR? (EXCLUDING MISDEMEANOR TRAFFIC VIOLATIONS) IF YES, EXPLAIN. YES NO

HAVE YOU EVER WORKED AT THIS HOSPITAL OR ANY OTHER CHS FACILITY? IF YES, UNDER WHAT NAME AND WHEN. YES NO

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED AT THIS HOSPITAL? IF YES, UNDER WHAT NAME, RELATIONSHIP, DEPARTMENT. YES NO

If you are offered employment, will you be able to provide documentation demonstrating that you are legally entitled to work in the United States? (i.e., birth certificate, U.S. passport, work permit (INS Green Card), Social Security Card, driver's license, evidence that you have lived in the United States since January 1, 1982)? YES NO

TO BE ANSWERED BY ALL APPLICANTS FOR PATIENT CARE POSITIONS. YES NO

Will you request not to participate in any aspect of patient care, including treatment, because you perceive a conflict with your cultural values, ethics or religious beliefs? If yes, please list the specific type of patients and the aspects of care or treatment in which you will not participate:

I understand, if it becomes necessary to perform patient care or treatment in which I request not to participate, I may be floated to another department to a position for which I am qualified OR I may be asked to leave work while the medical center brings in other staff to provide such patient care or treatment. This time away from work will be unpaid unless I choose to use hours from my accrued vacation account. I further understand that reasonable efforts will be made to accommodate my request not to participate; however, if adequate staffing cannot be found, or if my request cannot be granted without negatively affecting patient care or treatment, I will be required to participate in such care or treatment.

3 Educational Background

HIGH SCHOOL (NAME AND LOCATION)

DATES ATTENDED
FROM: _____ TO: _____
GRADUATED _____ DIPLOMA OR DEGREE _____
YES NO

COLLEGE EDUCATION (NAME AND LOCATION)

DATES ATTENDED
FROM: _____ TO: _____
GRADUATED _____ DIPLOMA OR DEGREE _____
YES NO

4 Volunteer Work

HAVE YOU VOLUNTEERED YOUR TIME AND TALENTS? YES NO

WHERE? _____

BRIEFLY DESCRIBE VOLUNTEER WORK PERFORMED

NURSING/MEDICAL EDUCATION (NAME AND LOCATION)

GRADUATED _____ DIPLOMA OR DEGREE _____
YES NO

BUSINESS/TECHNICAL EDUCATION/OTHER (NAME AND LOCATION)

GRADUATED _____ DIPLOMA OR DEGREE _____
YES NO

5 Military Background

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

BRANCH _____

RANK _____

DATES OF SERVICE (YOU WILL NEED TO PROVIDE A COPY OF YOUR DD214)

FROM: _____ TO: _____

LIST ANY MILITARY TRAINING (SPECIAL SKILLS, ETC.)

6 Emergency Contact

IN CASE OF EMERGENCY NOTIFY (NAME)

RELATIONSHIP

TELEPHONE (HOME AND WORK)

ADDRESS (NUMBER AND STREET)

CITY, STATE, ZIP

7 Employment History

ARE YOU **CURRENTLY** EMPLOYED? YES NO IF YES, PLEASE COMPLETE THE FOLLOWING

NAME OF FIRM	BRIEFLY DESCRIBE YOUR DUTIES
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATE OF EMPLOYMENT: MONTH/YEAR	CURRENT SALARY
REASON FOR SEEKING CHANGE	MAY WE CONTACT YOUR EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS **BEGINNING WITH THE MOST RECENT**

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

8 Employment History Addendum

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS **BEGINNING WITH THE MOST RECENT**

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES	
NAME OF FIRM		
ADDRESS (INCLUDE CITY AND STATE)		
TELEPHONE		
YOUR POSITION		
IMMEDIATE SUPERVISOR		
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>	
REASON FOR LEAVING	CURRENT SALARY	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES	
NAME OF FIRM		
ADDRESS (INCLUDE CITY AND STATE)		
TELEPHONE		
YOUR POSITION		
IMMEDIATE SUPERVISOR		
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>	
REASON FOR LEAVING	CURRENT SALARY	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES	
NAME OF FIRM		
ADDRESS (INCLUDE CITY AND STATE)		
TELEPHONE		
YOUR POSITION		
IMMEDIATE SUPERVISOR		
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>	
REASON FOR LEAVING	CURRENT SALARY	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES	
NAME OF FIRM		
ADDRESS (INCLUDE CITY AND STATE)		
TELEPHONE		
YOUR POSITION		
IMMEDIATE SUPERVISOR		
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>	
REASON FOR LEAVING	CURRENT SALARY	

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8 Employment History Addendum *(continued)*

NOT INCLUDING YOUR PRESENT EMPLOYER, DESCRIBE PREVIOUS POSITIONS **BEGINNING WITH THE MOST RECENT**

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

NAME WHEN EMPLOYED	BRIEFLY DESCRIBE YOUR DUTIES
NAME OF FIRM	
ADDRESS (INCLUDE CITY AND STATE)	
TELEPHONE	
YOUR POSITION	
IMMEDIATE SUPERVISOR	FULL TIME OR PART TIME? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ___# HRS/WEEK PRN <input type="checkbox"/>
DATES OF EMPLOYMENT: FROM (MONTH/YEAR) TO (MONTH/YEAR)	CURRENT SALARY
REASON FOR LEAVING	

9 References

LIST AT LEAST THREE (3) BUSINESS REFERENCES WHO ARE NOT RELATIVES:

NAME and RELATIONSHIP	TITLE	COMPANY NAME AND ADDRESS	TELEPHONE

10 Preemployment Statement and Acknowledgement

I understand and agree that:

- The information that I provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the hospital's employ.
- Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's total preemployment screening process, including the receipt of references that the facility considers satisfactory, and my satisfactory completion of any post offer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the facility's request. I hereby consent to having the results of any post offer preemployment or post employment medical exams I may be required to take disclosed to the facility.
- I authorize and request that all of my present and former employers and those individuals I have listed as business references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
- I understand that as a condition of employment, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the facility. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the facility.
- I hereby authorize this facility to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit, education and driving history, if appropriate. I understand that the facility will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the facility will furnish the name and address of such agency upon my written request.
- I authorize and request, to the maximum extent permitted by law, that the issuer of any license, registration, or certification that I have listed in Section 2 of this employment application, or otherwise release to Community Health System ("CHS") and its affiliates any information requested by CHS or its affiliates with respect to any such license, registration, or certification. I agree that the contents of this application may be disclosed to such issuer. I further agree to execute promptly any such license, registration, or certification. I agree to indemnify and hold harmless the issuer, CHS, and its affiliates for any liability arising out of or related to the disclosure of such information.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either the company or myself. I further understand that no manager or representative of this facility other than the President or General Counsel has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature: _____ Date: _____

11 For Office Use Only

TO BE COMPLETED AFTER EMPLOYED		HIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SEE COMMENTS BELOW
REFERENCE CHECKED?	DATE CHECKED	BY WHOM	PERSONNEL NOTES (these notes are open to inspection - keep information factual)	
Reference #1 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	
Reference #2 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	
Reference #3 YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	_____	

All employment decisions are based upon the qualifications of each applicant. This facility does not discriminate against any employee or applicant because of race, religion, color, national origin, sex, physical handicap, or age.

APPLICANT EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

It is the policy of this facility to provide equal employment opportunities to all employees and applicants for employment in accordance with all applicable laws, directives and regulations of federal, state and local governing bodies or agencies thereof.

We will recruit, hire, train and promote in all job groups without regard to race, color, religion, gender, sexual orientation, national origin, age, disability or veteran status.

This information is for our Equal Employment Opportunity/Affirmative Action program analyses and periodic government reporting, and will be used for required statistical analysis and reports. Completing this data sheet will neither enhance nor detract from your employment with our facility, nor will it become a part of your application. It will be kept in a confidential file separate from the application for employment.

SUBMISSION OF THIS DATA IS VOLUNTARY

Name (Last, First, MI): (please print)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Are you a special disabled veteran (30% disability or greater)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the Vietnam era? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying, with or without accommodation? <input type="checkbox"/> YES, With accommodations <input type="checkbox"/> YES, Without accommodations <input type="checkbox"/> NO	Explain any required accommodations: (please print)
Please check if you are: <input type="checkbox"/> Hispanic/ Latino (A person having origins in any of the Spanish cultures including, Mexico, Puerto Rico, Cuba, Central America, South America, or any other Spanish culture, regardless of race.) If you are NOT Hispanic or Latino, please check one or more boxes below: <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America and who maintains cultural identification through tribal affiliation or community attachment.) <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Japan and the Philippine Islands.) <input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa.) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person with origins in any of the original peoples of Europe, the Middle East, or North Africa.)	
Signature:	Date:
Position:	Facility Name: