



# Pulaski Memorial Hospital

# APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY—WRITE CLEARLY—ANSWER ALL QUESTIONS  
 FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT  
 BECAUSE OF RACE, COLOR, CREED, AGE, MARITAL STATUS, NATIONAL  
 ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT OR MEDICAL CONDITION.

NAME AND LOCATION	(LAST NAME) (FIRST NAME) (MIDDLE NAME)			APPLICATION DATE	
	CURRENT ADDRESS (NUMBER & STREET)		HOME PHONE	PHONE NUMBER FOR MESSAGE	
	CITY, STATE & ZIP		SOCIAL SECURITY NUMBER		
EMPLOYMENT DESIRED	FIRST CHOICE EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		SECOND CHOICE EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	HAVE YOU WORKED FOR US BEFORE? (IF YES STATE DATE LEFT) YES <input type="checkbox"/> NO <input type="checkbox"/>		WILL YOU ACCEPT PART TIME WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	WILL YOU ACCEPT TEMPORARY WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	HAVE YOU WORKED FOR US BEFORE UNDER ANOTHER NAME? (IF YES, STATE NAME)		SHIFT OR HOURS YOU CAN WORK 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup> <input type="checkbox"/>	OTHER	
CITIZENSHIP		U.S. MILITARY SERVICE		STATEMENT OF HEALTH	
ARE YOU EITHER A UNITED STATES CITIZEN OR AN ALIEN WHO HAS THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? YES <input type="checkbox"/> NO <input type="checkbox"/>  PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. ALL APPLICANTS, UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS. WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT. ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING UNDER OATH. YOUR EMPLOYMENT AUTHORIZATION.		HAVE YOU SERVED IN THE U.S. MILITARY? YES <input type="checkbox"/> NO <input type="checkbox"/>  PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE.		CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING SAFELY? YES <input type="checkbox"/> NO <input type="checkbox"/>  EXPLAIN:  ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND/OR DRUG TEST AT OUR EXPENSE UPON A CONDITIONAL OFFER OF EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PERSONAL	HAVE YOU, SINCE THE AGE OF 18, EVER BEEN CONVICTED OF A FELONY? IF YES EXPLAIN – GIVE DATES YES <input type="checkbox"/> NO <input type="checkbox"/>			<b>NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.</b>	
	HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED IF YES – EXPLAIN GIVE DATES YES <input type="checkbox"/> NO <input type="checkbox"/>				
	HAVE YOU ANY HOBBIES OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, PHYSICAL OR MENTAL IMPAIRMENT, OR MEDICAL CONDITION. YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN				
EDUCATION	NAMES	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	NUMBER OF YEARS ATTENDED	DIPLOMA?
	LAST ELEMENTARY SCHOOL				
	LAST HIGH SCHOOL				
	JR COLLEGE, COLLEGE, OR UNIVERSITY				
	TECHNICAL OR VOCATIONAL SCHOOL				
OTHER DETAILS OF EXPERIENCE OR TRAINING,		SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED

GIVE NAMES OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATIONS FOR THE POSITION.											
REFERENCES	NAME			OCCUPATION			ORGANIZATION				
				PHONE			ADDRESS				
	NAME			OCCUPATION			ORGANIZATION				
				PHONE			ADDRESS				
	NAME			OCCUPATION			ORGANIZATION				
				PHONE			ADDRESS				
<b>EXPERIENCE</b>				GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS OF UNEMPLOYED DURING THE PAST 15 YEARS. START WITH MOST RECENT EMPLOYMENT.							
LAST EMPLOYMENT FIRST FROM				EMPLOYER'S NAME , ADDRESS, TELEPHONE NUMBER			LAST SALARY AND POSITIONS HELD		REASON FOR LEAVING		VERIF.
MO.	YR.	MO.	YR.	EMPLOYER			SALARY				
				NO. & STREET			POSITION				
				CITY, STATE & ZIP			SUPERVISOR				
				EMPLOYER			SALARY				
				NO. & STREET			POSITION				
				CITY, STATE & ZIP		PHONE	SUPERVISOR				
				EMPLOYER			SALARY				
				NO. & STREET			POSITION				
				CITY, STATE & ZIP		PHONE	SUPERVISOR				
				EMPLOYER			SALARY				
				NO. & STREET			POSITION				
				CITY, STATE & ZIP		PHONE	SUPERVISOR				
				EMPLOYER			SALARY				
				NO. & STREET			POSITION				
				CITY, STATE & ZIP		PHONE	SUPERVISOR				
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?				LIST OFFICE MACHINES YOU CAN USE.			NOT APPLICABLE <input type="checkbox"/>		TYPING SPEED		SHORTHAND SPEED
YES <input type="checkbox"/> NO <input type="checkbox"/>									WPM		WPM
PLEASE LIST WHAT OTHER EQUIPMENT YOU CAN OPERATE:				NOT APPLICABLE <input type="checkbox"/>			REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SETUP? <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU TRANSCRIBE DR'S ORDERS?
							REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SETUP? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
							REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		SETUP? <input type="checkbox"/> YES <input type="checkbox"/> NO		NOT APPLICABLE <input type="checkbox"/>
<b>PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS</b>											<b>VERIF.</b>
TYPE			STATE ISSUED			DATE			NO.		
TYPE			STATE ISSUED			DATE			NO.		
TYPE			STATE ISSUED			DATE			NO.		
AREA OF SPECIALIZATION OR MAJOR INTEREST											
<p>AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever, I agree that my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in the questionnaire. I authorize employers, companies, schools or persons named above to give any information regarding my employment, together with any information they may have regarding me whether or not it is in their records. I hereby release said employees, companies, schools or persons from all liability for any damage both legal and otherwise, for issuing this information. I also understand a conditional offer of employment may be based on results of a later medical examination. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.</p> <p>Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at any time, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.</p> <p style="text-align:right;">Signed _____</p> <p style="text-align:center;">WE ARE AN EQUAL OPPORTUNITY EMPLOYER – A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST.</p>											
APPLICANT – PLEASE DO NOT USE THE SPACE BELOW											
INTERVIEWED BY			DATE		TIME		RATED BY		DATE		TIME
<b>DISPOSITION</b>	POSITION TITLE		POSITION CODE	DEPARTMENT		RATE	SHIFT	STARTING DATE		SUPERVISOR	