

# **GORDON MEMORIAL HOSPITAL**

## **APPLICATION FOR EMPLOYMENT**

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

*Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination, as provided under applicable state and federal law.*

**Please Print Clearly:**

Date of Application: _____		Position Applied For: _____			
_____					
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____					
_____					
Name: _____		Soc. Sec. # _____			
Last	First	Middle Init.			
Address: _____					
_____					
Telephone: (Work) _____		(Home) _____			
_____					
In Case of Emergency, Notify: _____		Phone: _____			
_____					
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____			
_____					
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____			
_____					
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What date would you be available for work? _____					
_____					
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
Are you on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Veteran of the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
_____					
Highest level of education: _____		Where: _____			
_____					
List Duties or Special Training: _____					
_____					
_____					
_____					

**Employment Experience:**

Start with your present or last job. Include military service assignments.

Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Telephone:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Telephone:			
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From:	To:	
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Employer:	Dates Employed		Work Performed
Address:	From:	To:	
Telephone:			
Job Title:			
Supervisor:			
Reason for Leaving:			

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

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APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Gordon Memorial Hospital may investigate all statements contained in this application and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE – AT – WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Gordon Memorial Hospital to determine whether I can perform the job duties. I authorize the Gordon Memorial Hospital to make a thorough investigation of my past employment, education and job – related activities and I release from all liability all persons, companies and corporations supplying such information. I also in demnify the Gordon Memorial Hospital against any liability which might result from making such investigation.

Additionally, I authorize the Gordon Memorial Hospital to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency or other party with an interest that the Gordon Memorial Hospital deems appropriate.

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Signature of Applicant

Date