

# HOSPITAL JOB APPLICATION FORM

Note: To be considered for employment, all sections of the application must be completed, signed and dated.

## PLEASE PRINT

Position Applied For: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## PERSONAL INFORMATION:

Are you 18 years of age or older?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If no, state age: \_\_\_\_\_)

If under 18 you will need to provide a work permit.

Are you on the GSA/OIG or OMIG Exclusion lists?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Hospital employment opportunities?

Advertisement: \_\_\_\_\_

Friend: \_\_\_\_\_

Website: \_\_\_\_\_

Walk in: \_\_\_\_\_

Employee: \_\_\_\_\_

Name of friend/employee: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Shift Preferred: Day \_\_\_\_\_ Evening \_\_\_\_\_ Night \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per Diem \_\_\_\_\_

What date will you be available to begin employment? \_\_\_\_\_

Would you be interested in Temporary Employment? \_\_\_\_\_

Rate of pay expected? \_\_\_\_\_

Have you ever been employed at Hospital?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give dates: \_\_\_\_\_

## EDUCATION:

Education	Name & Address	Did you graduate?	Diploma or Degree
High School/ GED _____		Yes _____ No _____	
College _____		Yes _____ No _____	
Other School _____		Yes _____ No _____	
Computer Skills: MS Office _____ Outlook _____ Other _____			

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS:

If Licensed, Registered or Certified:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ No. \_\_\_\_\_

PREVIOUS WORK EXPERIENCE: (List current position first): Attach additional sheets if necessary

Employer	Dates	Work Performed
Address	From _____ To _____	
Job Title		
Supervisor: (not to obtain salary information)	Telephone No.: _____	
Reason for Leaving:		
Employer	Dates	Work Performed
Address	From _____ To _____	
Job Title		
Supervisor: (not to obtain salary information)	Telephone No.: _____	
Reason for Leaving:		