

Application for Employment

A7940 Rev. 4/06

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

		Date	This application to be active for a period of _____ days only.	
Applicant Name (Please Give Complete Name)		Are You At Least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No.	Home Phone
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 7 Years)				E-mail Address
Current Open Position(s) for Which You Are Applying			Type of Position	Shift
1)	2)	3)	<input type="checkbox"/> Per Diem <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Pool <input type="checkbox"/> PRN <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Night <input type="checkbox"/> Rotation
Salary Requirement	Are You Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked at this facility or in a facility associated with HCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what facility?		Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about this position? <input type="checkbox"/> State Employment Commission <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs, or have you been convicted of a criminal offense related to the provision of health care items or services but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date, offense and disposition of each such conviction. (Convictions are not an automatic disqualification from employment)				

Educational History	Type of School	Name of School City, State	Check Last Year Attended in School		Degree or Certificate		
	High School/ GED			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
			Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
			Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other			From (Year)	To (Year)			
Other			From (Year)	To (Year)			

<p>List any professional licenses, registration or certification you possess (Include Drivers License, if applicable)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Type</th> <th style="width:20%;">State Issued</th> <th style="width:20%;">Expiration Date</th> <th style="width:20%;">Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	Type	State Issued	Expiration Date	Number																	<p>Clerical or other skills applicable to the position for which you are applying</p> <p><input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX</p> <p><input type="checkbox"/> Proficient in Software: _____</p> <p><input type="checkbox"/> Business machines and/or equipment you can operate: _____</p> <p><input type="checkbox"/> Other: _____</p>
Type	State Issued	Expiration Date	Number																		

2-Hole 1/4 2 3/4 c-to-c

