



Application for Employment

(PLEASE PRINT)

Position (s) Applied For [REDACTED]	Date of Application [REDACTED]
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Other [REDACTED] <input type="checkbox"/> Friend [REDACTED] (name) <input type="checkbox"/> Relative [REDACTED] (name)	

Last Name [REDACTED]	First Name [REDACTED]	Middle Name [REDACTED]			
Address [REDACTED]	Number [REDACTED]	Street [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Telephone Number (s) [REDACTED]					

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, position held [REDACTED]

If Yes, employment dates [REDACTED]

Are you currently employed? Yes No

May we contact your employer? Yes No

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? YES NO

On what date will you be available for work? [REDACTED]

Are you available to work: Full Time Part Time

Are you available to work: Days Evenings Nights

What days are you available to work? All: Yes No

If no, check which of the following days you will work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday Holidays

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: [REDACTED]

POSITION: [REDACTED]

DATE: [REDACTED]

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND LOCATION	MAJOR SUBJECT	LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			-	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			-	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			-	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			-	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE OTHER			-	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.

Please indicate any prior military service which you would like considered in connection with Your application for employment.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Nursing

- ER
- IV
- Med-Surg
- OB-GYN
- PACU
- Surgery

Check Skills/Equipment operated

Trades

- Air conditioning
- Boilers
- Carpentry
- Electricity
- Electronics
- Plumbing

Clerical

- Calculator
- Switchboard
- Data processing
- Other

Indicate any FOREIGN languages you can speak, read or write:

Speak:

Fluent Good Fair

Read:

Fluent Good Fair

Write:

Fluent Good Fair

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer [REDACTED]	<u>Dates Employed</u>		Work Performed [REDACTED]
	From	To	
Address [REDACTED]	[REDACTED]	[REDACTED]	
Telephone Number (s) [REDACTED]	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title [REDACTED]	Supervisor [REDACTED]	[REDACTED]	
Reason for leaving [REDACTED]			

Employer [REDACTED]	<u>Dates Employed</u>		Work Performed [REDACTED]
	From	To	
Address [REDACTED]	[REDACTED]	[REDACTED]	
Telephone Number (s) [REDACTED]	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title [REDACTED]	Supervisor [REDACTED]	[REDACTED]	
Reason for leaving [REDACTED]			

Employer [REDACTED]	<u>Dates Employed</u>		Work Performed [REDACTED]
	From	To	
Address [REDACTED]	[REDACTED]	[REDACTED]	
Telephone Number (s) [REDACTED]	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Job Title [REDACTED]	Supervisor [REDACTED]	[REDACTED]	
Reason for leaving [REDACTED]			

REFERENCES—INCLUDE AT LEAST ONE PROFESSIONAL REFERENCE

- 1) Name: [REDACTED]
 Telephone Number: [REDACTED]
 Personal Reference Professional Reference

- 2) Name: [REDACTED]
 Telephone Number: [REDACTED]
 Personal Reference Professional Reference

- 3) Name: [REDACTED]
 Telephone Number: [REDACTED]
 Personal Reference Professional Reference

**NOTIFICATION AND AGREEMENT
PLEASE READ BEFORE SIGNING**

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OR WHEN OR HOW DISCOVERED.

The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the Community Hospital of Bremen to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of Community Hospital of Bremen, at any time, can constitute a contract of employment. I understand that Community Hospital of Bremen and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions or employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the president or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permissions to confirm the information supplied on this application by me.

I understand that any offer of employment is conditional upon successful completion of a pre-employment substance abuse screening test.

APPLICANT SIGNATURE 

DATE: 

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name _____ Date _____

Position Applied for _____

Social Security No. _____ Date of Birth _____ Sex: Male Female
Month/Day/Year

Race/Ethnic Data:

- White (Non-Hispanic) Asian or Pacific Islander American Indian or Alaskan Native
 Black (Non-Hispanic) Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Disabled Person Vietnam Era Veteran Special Disabled Veteran
(30% or more disability)

EXPLANATION OF THE CATEGORIES:

White (Non-Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Black (Non-Hispanic): Persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Disabled Individual: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

Vietnam Era Veteran: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.

Special Disabled Veteran: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for a disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER