

Wishek Community Hospital
EMPLOYMENT APPLICATION
POSITION APPLIED FOR:

Date of Application _____

PLEASE PRINT CLEARLY IN INK

PERSONAL					
LAST NAME			FIRST NAME		MID. INIT.
HOME ADDRESS		APT. #	CITY	STATE	ZIP CODE
TEL. NO. (AREA CODE)				IS YOUR AGE: UNDER 18 YES <input type="checkbox"/> NO <input type="checkbox"/>	
LIST ANY REASON KNOWN TO YOU WHY YOU MIGHT NOT BE ABLE TO PERFORM CONSISTENTLY AND PROMPTLY ANY OF THE DUTIES OF POSITION APPLIED FOR:					
DATE AVAILABLE		STARTING SALARY NEEDED			
WILL YOU ACCEPT SHIFT WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU WORK		
WILL YOU ACCEPT WEEKEND WORK		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY		
SOCIAL SECURITY NUMBER:					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A FRIEND OR RELATIVE WORKING HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, GIVE DATE(S), OFFENSE(S) AND DISPOSITION:			NAME DEPT. RELATIONSHIP		

EMPLOYMENT HISTORY					
LIST MOST RECENT POSITION FIRST					
FROM		NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR	
Mo.	Yr.				
TO		ADDRESS		POSITION HELD	
Mo.	Yr.	Street	City	State	ENDING SALARY
				_____ PER _____	
Briefly describe the work you performed:					
Reason for leaving:					
FROM		NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR	
Mo.	Yr.				
TO		ADDRESS		POSITION HELD	
Mo.	Yr.	Street	City	State	ENDING SALARY
				_____ PER _____	
Briefly describe the work you performed:					
Reason for leaving:					
FROM		NAME OF EMPLOYER		NAME/TITLE LAST SUPERVISOR	
Mo.	Yr.				
TO		ADDRESS		POSITION HELD	
Mo.	Yr.	Street	City	State	ENDING SALARY
				_____ PER _____	
Briefly describe the work you performed:					
Reason for leaving:					

EDUCATION							
SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED		COURSE OF STUDY	DID YOU GRADUATE	DIPLOMA DEGREE
ELEMENTARY				X	X	<input type="checkbox"/> YES	X
						<input type="checkbox"/> NO	
HIGH SCHOOL				X	X	<input type="checkbox"/> YES	X
						<input type="checkbox"/> NO	
TRADE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE						<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROFESSIONAL						<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS						<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO	

LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:

LANGUAGE SKILLS (where related to position sought)

LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT
LANGUAGE	DO YOU?	<input type="checkbox"/> SPEAK	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> READ	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT	<input type="checkbox"/> WRITE	<input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> FLUENT

Professional Licenses, Registration and/or Certifications

DO NOT INCLUDE DRIVERS LICENSE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRES	ELIGIBLE

APPLICANT'S CERTIFICATE

I certify that all matters contained in this application are true and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event of employment.

I further understand that this is an application for employment and that no employment contract is being offered.

I agree, if employed, to abide by all Wishek Community Hospital rules and regulations. I understand that such employment is for an indefinite period of time and that the company can change wages, benefits and conditions of employment at any time.

I hereby authorize Wishek Community Hospital to investigate all matters contained in this application and to contact prior employers to obtain any and all information related to my past work performance.

I have read and understand the above.

_____ DATE _____ SIGNATURE _____

POSITION HIRED FOR: _____
 DATE HIRED _____ STARTING WAGE _____ PER _____
 SCHEDULED HOURS _____ PER WEEK COST CENTER _____ EMPL. TYPE CODE _____
 APPROVED BY _____ TITLE _____