

USE INK, PLEASE PRINT

Position desired: 1. _____ 2. _____ Date available: _____

Name: _____ Home Phone: () _____ Work Phone: () _____
 Last First MI Cell Phone: _____

Address: _____ Social Security #: _____
 Street City State Zip

Are you at least 16 years of age? Yes No Do you have a legal right to work in the U.S.? _____

Have you ever been convicted of a felony? Yes No If yes, explain briefly _____
 (Conviction of a felony is not an automatic bar to employment. We will consider relevant facts and circumstances surrounding the conviction.)

WHAT SHIFTS CAN YOU WORK? Days Evenings Nights Day/Evening Day/Night Day/Evening/Night Weekends Alternating Weekends Only
 AVAILABILITY? Fulltime (40 hrs./wk.) Part-time (# of hours per week desired _____) Regular Temporary Summer Only On Call

TO BE COMPLETED BY REGISTERED, LICENSED, OR CERTIFIED APPLICANTS:				Office Use Only:	
State	Original No.	Current No.	Expiration Date	Verification	

EMPLOYMENT RECORD List last four jobs with most current listed first, include military service. Please complete this section even if submitting a resume.

May we contact your present employer? Yes No

Name of Company	1	2	3	4
Address – Street				
City, State, Zip				
Phone (include Area Code)	()	Salary ()	Salary ()	Salary ()
Your job title	# hrs. per week	# hrs. per wk	# hrs. per wk	# hrs. per wk
Supervisor				
Summary of job duties and responsibilities				
Dates employed	From to	From to	From to	From to
Reason for leaving				
Office Use Only				

EDUCATION	Name/Address	Circle last year completed	Dates	Graduated?		Degree/Major
				YES	NO	
High School / G.E.D.		9 10 11 12	 			
College		1 2 3 4 5 6				
Graduate School		1 2 3 4				
Nursing School		1 2 3 4				
Vocational, Technical						
Business, Military						
Other						

OTHER EXPERIENCE If you have had other experience (e.g. volunteer, educational) related to the position you are applying for, please list relevant information below.

OFFICE SKILLS SUMMARY

Typing Speed _____ Word Processing Speed _____ Transcription Speed _____ Ten Key: Yes No Medical Terminology: Yes No
 List all other word processing, database and other software with which you are proficient _____

REFERENCES: Work or Education related. (Please do not list relatives.)				Office Use Only:
Name	Address	Phone (daytime)	Occupation	Reference Requested
1.		()		
2.		()		
3.		()		

AGREEMENT

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of a pre-employment investigation which includes but is not limited to education and work history verification, reference checks and any investigation required by local, state, or federal laws.

I understand that if I am hired by Stevens Community Medical Center or any of its affiliates or subsidiaries, my employment will be for an indefinite period of time and will be "at will", which means that either I or Stevens Community Medical Center may terminate the employment relationship at any time and for any or no reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by the President of Stevens Community Medical Center or the President's authorized representative, and that no representative of Stevens Community Medical Center has the authority to make any oral promise to me concerning my employment. Finally, I also understand that while Stevens Community Medical Center supports current policies and benefits, it retains the right to change them at any time, with or without notice.

Stevens Community Medical Center is committed to providing a safe, healthy and productive work environment and supports a smoke free, alcohol and drug-free environment.

Signature

Date

