



STEVENS COMMUNITY
MEDICAL CENTER
Employment Application

Stevens Community Medical Center is an equal opportunity employer and will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status or status with regard to public assistance.

Please print and fill out all sections.

Date of Application ___/___/___

PERSONAL INFORMATION:

Name _____

FIRST

M.I.

LAST

Current Address _____

City _____ State _____ Zip _____

Email Address _____

Home/Primary Phone (____) _____ Cell Phone(____) _____

Best time to reach you? Morning ____ Afternoon ____ Evening ____

How did you hear about this position? _____

Are you 18 years of age or older? _____

Are you fluent in a language other than English (including sign language)? _____

Are you legally eligible for employment in this country? _____

Have you been employed by Stevens Community Medical Center in the past? _____

EDUCATION INFORMATION:

High School _____

City _____

State _____

Did you graduate? _____

College _____

City _____

State _____

College _____

City _____

State _____

Degree(s) Obtained _____

List any licenses or certifications you have _____

SKILLS:

List any courses, training, or skills acquired that might relate to the position in which you are applying.

EMPLOYMENT INFORMATION:

Position(s) Requested: 1) _____

2) _____

What is your availability? Full-time_____ Part-time_____ Temporary_____
Days_____ Evenings_____ Nights_____
Weekends_____Holidays_____ On-Call_____

Number of hours Desired_____

When are you available to start? ____/____/____

Wage/Salary Desired \$_____

EMPLOYMENT EXPERIENCE: List current and past employers beginning with most recent position.

Current Employer_____

City_____ State_____

Dates Employed ____/____/____ to ____/____/____

Supervisor Name_____ Phone Number_____

Job Title and Duties_____

May we contact this employer? _____ If no, please explain_____

Reason for leaving_____

Salary_____

Previous Employer_____

City_____ State_____

Dates Employed ____/____/____ to ____/____/____

Supervisor Name_____ Phone Number_____

Job Title and Duties_____

May we contact this employer? _____ If no, please explain_____

Reason for leaving_____

Salary_____

Previous Employer_____

City_____ State_____

Dates Employed ____/____/____ to ____/____/____

Supervisor Name_____ Phone Number_____

Job Title and Duties_____

May we contact this employer? _____ If no, please explain_____

Reason for leaving_____

Salary_____

REFERENCES:

Name_____

Relationship/Title_____

Address_____

Phone Number_____

Name_____

Relationship/Title_____

Address_____

Phone Number_____

Name_____

Relationship/Title_____

Address_____

Phone Number_____

Attach resume if applicable. Use this space for any additional information pertaining to your application

AGREEMENT

By signing this, 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 my 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/CEO of Stevens Community Medical Center or the President/CEO'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 tobacco, alcohol, and drug-free environment.

Signature

Date



AN EQUAL OPPORTUNITY EMPLOYER

Stevens Community Medical Center is an equal opportunity employer and will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, familial status or status with regard to public assistance. Individuals will not be excluded from employment rights, participation in, or be denied the benefits of, or be otherwise subjected to discrimination under any program service or activity under the provisions of any and all applicable federal, state, and local laws against discrimination. This information is needed to determine how effective our recruiting efforts are in the community and other areas; to validate our selection procedures, and to meet the reporting requirements of the Federal Law. The answers to these questions will not be placed in your personnel file and will not be given to any person involved in making a hiring or promotional decision.

Date ____/____/____

Applicant Name: _____
First Last M.I.

Position(s) applying for:

1) _____ 2) _____

Zip Code of address currently residing: _____

Gender:

- Male
- Female
- Nonbinary/Transgender/Gender Non-Conforming
- Do not wish to answer

Race:

- White
- Black/African American
- Hispanic/Latino
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Do not wish to answer

Disabled:

- Yes
- No
- Do not wish to answer