

APPLICATION FOR EMPLOYMENT



PLEASE FILL IN ALL SPACES IF POSSIBLE

Name-Last			First			Middle			Social Security No.			This Date											
Address-Street						City						State and Zip Code						Telephone No.					
<input type="checkbox"/> Single			<input type="checkbox"/> Married			Income Tax Exemptions Claimed						Draft Status											
<input type="checkbox"/> Divorced			<input type="checkbox"/> Widowed																				
Position Desired																							
Training For This Position (Formal education shown on other side of form)																							
Other Specialized Training or Experience (Not Necessarily For This job)																							
Where Now Employed							Reason for desiring change																
Why Do You Choose Hospital Work																							
What Prompted You To Apply Here for Employment?																							
Are You Related To Anyone in Our Employ? Who And How?																							
Nurses And Technicians							Foreign Languages spoken																
Registration No.							State																
Hobbies																							
Number Of Dependents Not Spouse		Sex													Name of Husband or Wife								
		Age														Where He or She is Employed							
In Case Of Emergency Notify		Name _____																					
		Address _____										Telephone _____											

" THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER."

THIS FACILITY CONDUCTS DRUG TESTING ON ALL PARTICIPANTS PRIOR TO EMPLOYMENT

I understand that I will be given a physical examination. I also agree if employed, to serve to the best of my ability and to abide by the policies established by the Board of Trustees and the Administrator.



Signed _____

EDUCATION			
Name and Location of Schools or Colleges	Major Subject	Did You Graduate?	College Degree

FORMER EMPLOYERS AND EXPERIENCE (REFERENCES)							
Name and Address	Nature of Experience	Period		Cash Salary	Other Compensation		Reason for Leaving
		From	To				

PERSONAL REFERENCES (NOT RELATIVES)			
Name	Address	Phone	Business

(APPLICANT PLEASE DO NOT WRITE IN SPACE BELOW)

Interview by _____ Date _____ 19 _____

Date to Start Work _____ 19 _____ Department _____

Position _____

Remarks _____

Compensation
 1. the applicant, understand my compensation will be as follows:

Cash _____	Month	Week	Hour		
Other compensation at taxable value- Room _____				\$ _____	\$ _____
Meals a Day _____ Days a Week _____				\$ _____	
Laundry _____				\$ _____	\$ _____
				\$ _____	\$ _____
TOTAL _____				\$ _____	

Position Temporary? _____

Approved by _____ Title _____

RELEASE INTERVIEW

RESIGNED	RELEASED	ON LEAVE	Circle Rating				
Ability as _____			Excellent	Poor	Good	Fair	Average
Ability to work in a group _____			Average	Good	Poor	Excellent	Fair
Cooperation with others _____			Good	Fair	Average	Poor	Excellent
Intelligence: ability to grasp ideas _____			Poor	Good	Fair	Average	Excellent
Personality _____			Good	Average	Poor	Excellent	Fair
Initiative: Leadership _____			Fair	Good	Excellent	Average	Poor
Stability: Dependability: Punctuality _____			Average	Poor	Fair	Good	Excellent
Character: Integrity: Honesty _____			Excellent	Good	Average	Fair	Poor
Personal Appearance _____			Fair	Average	Excellent	Poor	Good

Interview by _____ DATE _____

REMARKS _____
