



# RANSOM MEMORIAL HOSPITAL



## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **We are a tobacco free campus. We do not hire people who smoke or use tobacco products.**

Position(s) Applied For:	Date of Application:
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How did you hear about us?	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other (Please list) _____	

Last Name:	First Name:	M.I.:	email:
Address:	City:	State:	ZIP:
Daytime Phone #: ( ) -	Evening Phone #: ( ) -	Social Security Number: (optional) - - -	

Best time to contact you at home is	:_ AM	_ PM
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date	____ (MM/DD/YYYY)	
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give date	____ (MM/DD/YYYY)	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, may we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you smoke or use tobacco products?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if your job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you available to work:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> -1st Shift	<input type="checkbox"/> -2nd Shift	<input type="checkbox"/> -3rd Shift
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> -Mornings	<input type="checkbox"/> -Afternoon	<input type="checkbox"/> -Evenings
<input type="checkbox"/> Temporary	Please Indicate dates available: _____ through _____			

## EDUCATION

	School Name	School Location (City, ST)	Course of Study	No. of Years Completed	Diploma/ Degree
Elementary School			#####		#####
High School			#####		
Undergraduate College					
Graduate / Professional					
Other (Specify)					

## ADDITIONAL INFORMATION

### Other Qualifications

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

### Specialized Skills

(Check Skills or Equipment you have operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet
<input type="checkbox"/> PC/Mac	<input type="checkbox"/> Word Processing
Typewriter WPM <input type="checkbox"/>	Shorthand WPM <input type="checkbox"/>

**Note to Applicant: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes

No

## 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, national origin, disabilities or other protected status.

-- 1 --

Employer	Dates Employed		<b>Work Performed</b>
Address (Street, City, ST - ZIP)	From (MM/DD/YYYY)	To (MM/DD/YYYY)	
Telephone Number (s) ( ) - ( ) -	Hourly Rate/Salary		
Job Title	Supervisor	Starting      Final	
Reason for leaving:			

-- 2 --

Employer	Dates Employed		<b>Work Performed</b>
Address (Street, City, ST - ZIP)	From (MM/DD/YYYY)	To (MM/DD/YYYY)	
Telephone Number (s) ( ) - ( ) -	Hourly Rate/Salary		
Job Title	Supervisor	Starting      Final	
Reason for leaving:			

-- 3 --

Employer	Dates Employed		<b>Work Performed</b>
Address (Street, City, ST - ZIP)	From (MM/DD/YYYY)	To (MM/DD/YYYY)	
Telephone Number (s) ( ) - ( ) -	Hourly Rate/Salary		
Job Title	Supervisor	Starting      Final	
Reason for leaving:			

-- 4 --

Employer	Dates Employed		<b>Work Performed</b>
Address (Street, City, ST - ZIP)	From (MM/DD/YYYY)	To (MM/DD/YYYY)	
Telephone Number (s) ( ) - ( ) -	Hourly Rate/Salary		
Job Title	Supervisor	Starting      Final	
Reason for leaving:			

**List professional, trade, business or civic activities and offices held.** *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

## REFERENCES

-- 1 --

Name: Phone:  
( ) -  
Street Address: City: ST: ZIP:

-- 2 --

Name: Phone:  
( ) -  
Street Address: City: ST: ZIP:

-- 3 --

Name: Phone:  
( ) -  
Street Address: City: ST: ZIP:

-- 4 --

Name: Phone:  
( ) -  
Street Address: City: ST: ZIP:

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* employment relationship and may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I AGREE       I DISAGREE

(By checking " I AGREE ", I verify the above " APPLICANT'S STATEMENT " is true.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

HAVE YOU BEEN EXCLUDED FROM PARTICIPATION IN MEDICAID/MEDICARE BECAUSE OF FRAUD CONVICTION?

YES       NO