



# 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:	
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

## VOLUNTARY SELF-IDENTIFICATION

Ransom Memorial Hospital is required to follow certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Ransom Memorial Hospital invites applicants to voluntarily self-identify their race and/or ethnicity, disability and veteran status. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment, nor adversely affect your candidacy.**

The information obtained will be **kept confidential and separate from personnel files**. The information is considered confidential and will be used by the Human Resource Department in accordance with the provisions of applicable laws, and reported to the federal government for civil rights enforcement. **When reported, data will not identify any specific individual.**

Name:  Position Applied for

How did you learn of this Position? ie, Ad, Website, Friend, Posting, etc.

**GENDER:**  Male  Female

**RACE/ETHNICITY:** Please check ONE of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- White** not Hispanic or Latino
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America who maintain tribal affiliation or community attachment.
- Two or More Races** – (Not Hispanic or Latino) – All person who identify with more than one of the above five races.

**VETERAN STATUS:** (Please check one if it describes your veteran status.)

### Special Disabled Veteran

- A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability; or
- A person who was discharged or released from active duty because of a service-connected disability.

### Vietnam Era Veteran

- Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975 and was discharged or released with other than a dishonorable discharge: or
- Was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or
- Served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961, and May 7, 1975.

### Other Eligible Veteran

- Defined as any veteran who served in a “war” declared by Congress, in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

### DISABILITY

- Individual with a disability means any person who: (a) has a physical or mental impairment which substantially limits one or more major life activities such as, reading, walking or speaking; (b) has a record of such impairment; or (c) is regarded as having such an impairment.

I choose not to self- identify.