

# Harper County Community Hospital Application For Employment

An Equal Opportunity Employer

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital status, sex, national origin, disability, or any other legally protected status.

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## General Information Please Print

Name \_\_\_\_\_ Home or Nearest Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Position applied for? \_\_\_\_\_

How soon could you report? \_\_\_\_\_

Type of employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Will you work shifts? \_\_\_\_\_

If Part time, what days and hours will you work: Days \_\_\_\_\_

Hours: \_\_\_\_\_

Expected Rate of Pay? \_\_\_\_\_

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## Education

Type of School	Address	Major	Last Year Completed
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Elementary	_____		
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High School	_____		
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College	_____		
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License or Certification	_____		
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### Background

Have you applied for a job with us before? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been convicted of or pled guilty or “no contest” to a felony? \_\_\_\_\_

If so, state the date, court, and place where conviction occurred. \_\_\_\_\_

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**Note: Convicted of a felony does not automatically disqualify an application for employment.**

Are you employed now? \_\_\_\_\_ If so, why do you desire to make a change?

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### Work Record

Name and Address or Most Recent Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date Hired \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_ Date Left \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name and Address or Prior Employer: \_\_\_\_\_

Telephone # \_\_\_\_\_ Date Hired \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date Left \_\_\_\_\_

Job Title and Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Name and Address of Prior Employer: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Date Hired \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Date Left \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References:**  
**Do Not List Relatives or Former Employers**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Information**

**PLEASE READ THE FOLLOWING CERTIFICATION CAREFULLY BEFORE  
SIGNING THE JOB APPLICANT'S CERTIFICATION.**

**I certify that the information given by me in this application is true in all respects, and I agree if the information given is found to be false in anyway, it will be considered sufficient reason for denial of or discharge of employment. I authorize the use of any information in this application to verify my statements, and indicated above, I authorize the past employers, all references, and any other persons to answer to answer all questions concerning my ability, character, reputation, and previous education or an employment record. I release all from any liability or damages on account of having furnished such information. I consent to such investigation (of employer) regarding my general background. I understand that nothing contained in this employment application or in granting of an interview of employment is intended to create an employment contract between Harper County Community Hospital and myself concerning employment for the providing of any benefits. No promises regarding employment have been made to me, and that no promise, guarantee of employment have for any specific length of time**

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**or under any specified circumstance be binding upon Harper County Community Hospital unless made in writing or with the express written consent and authority of the Chief Executive Officer of the Hospital. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that Harper County Community Hospital has the same right.**

**I understand that, depending on the position applied for, prior to being offered employment with Harper County Community Hospital, I may be requested to take an examination pertaining to skills or equipment operations. In the event I have a reason that will affect my ability to take the test, I will so inform my employer or supervisor prior to the administration of the test so that a reasonable accommodations may include accessible test or modified testing conditions, and accessible testing formats. Harper County Community Hospital reserves the right to medical documentation concerning the need for accommodation.**

**I understand that, I am offered a position of employment; Harper County Community Hospital may require a medical exam prior to the beginning of work and as a condition of employment.**

**I understand that if employed, the policies and rules, which are issued by Harper County Community Hospital, are not conditions of employment and that they may revised in part or whole.**

**Important: I have read Harper County Community Hospital's job application and have agreed / not agreed to sign the employment application.**

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**Date**

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**Signature**

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