

# HARPER COUNTY COMMUNITY HOSPITAL

## Application for Employment

An Equal Opportunity Employer

Please print all information on this form. Answer each question fully and accurately. If you need additional space, continue on page 3 or attach supplemental information identifying the section by question number for which you are inserting information. Unassigned and undated applications cannot be processed. Return this form to the Business Office or mail to: Harper County Community Hospital P.O. Box 60 Buffalo, OK 73834

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Maiden Name</b>
<b>Social Security Number</b>	<b>Mailing Address (include Physical Address if P.O. Box)</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>E-mail Address (optional)</b>
<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )		
<b>Position Applying For</b>	<b>Circle One:</b> <b>Full-Time Part-Time As Needed</b>	<b>If Part-Time or As Needed, What days/hours are you available for work?</b>	
<b>Willing to work shifts?</b> Yes or No	<b>Willing to work Nights?</b> Yes or No	<b>Expected Rate of Pay:</b>	

Please answer the following questions:

1. Are you over the age of 18?  YES  NO
2. Are you legally allowed to work in the United States?  YES  NO
3. Are you currently a resident of Oklahoma?  YES  NO
4. Do you have a valid driver's license?  YES  NO
5. Are you applying for temporary work?  YES  NO
6. Have you ever pled guilty, no contest, or been found guilty of any offense other than minor traffic violations?  YES  NO  
*If yes, on page 3 provide the name of the court and a brief description*
7. Have you had a final protective order entered against you pursuant to the Oklahoma Protection From Domestic Abuse Act or a similar statute of another state?  YES  NO  
*If yes, on page 3 provide the name of the court and a brief description*

**\*\* NOTE: CONVICTED OF A FELONY DOES NOT AUTOMATICALLY DISQUALIFY AN APPLICATION FOR EMPLOYMENT\*\***

8. Have you been discharged or resigned in lieu of discharge from employment?  YES  NO
9. Have you worked for Harper County Community Hospital before?  YES  NO  
If yes, when? \_\_\_\_\_

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### Education:

Include High School, College, Business or Trade School, and Professional School as applicable

Name of School	Location City and State	Month/Year to- From	Graduate Yes/ No	Major	Type of Degree or Diploma

### Employment History:

List the last five years of your employment history or all work experience, whichever is greater, that relates to the position you are seeking.

**IMPORTANT:** Please list all periods of your employment history separately, **starting with your present employer.**

If you have more than four separate periods of employment information, attach a paper listing all employment information in the same outline form as below. Also, if you performed different jobs at one location, list each job as a separate period of employment.

Employer's Name	Title of Position and Duties (attach extra sheet if needed)
Employer's Address	Employer's Phone Number
Employment Dates (month hired to end of employment)	
Reason for Leaving	Name of Supervisor

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**Harper County Community Hospital**  
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**References: Do Not List Relatives or Former Employers**

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

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

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

May we contact your current Employer?  YES  NO

Use this space for any additional information, comments, or explanations you may have that are relative to your application. If you are providing additional information for a certain section on this form, please list that section or question number. Attach additional sheets, signed and dated, if needed.

# Harper County Community Hospital

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**Please read the following information carefully and sign and date below**

In exchange for the consideration of my job application by Harper County Community Hospital, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Harper County Community Hospital, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO/CFO or the Supervisor of a department. Both the undersigned and Harper County Community Hospital may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Harper County Community Hospital may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

**Accuracy of information:** I have reviewed and made sure all sections are correct and complete. I understand that my eligibility for employment will be based on the information I have given on this application.

**Falsification of information:** I certify that all statements made on this application are true and correct. I understand that any false statement made by me may cause me to be ineligible for employment or subject to termination from employment without any previous notice.

**Verification of information:** I authorize Harper County Community Hospital to investigate and verify the facts claimed by me on this application. I understand that Harper County Community Hospital will perform a multi-state background search as part of routine hiring practices. I also authorize my former employers and job-related references to provide any information requested by Harper County Community Hospital.

I also understand that Harper County Community Hospital has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

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 further understand that my employment with Harper County Community Hospital shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Harper County Community Hospital is terminable at will for any reason by either party.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Harper County Community Hospital is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Harper County Community Hospital depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Hospital.