

HARPER COUNTY COMMUNITY HOSPITAL

Application for Employment

Harper County Community Hospital is an equal opportunity employer. Harper County does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Please print all information on this form. Answer each question fully and accurately. If you need additional space, continue on to page 3 or attach supplemental information identifying the section by question number for which you are inserting information. Return this form to the Business Office or mail to: Harper County Community Hospital P. O. Box 60 Buffalo, OK 73834.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? Yes No
(If no, you may be required to provide authorization to work)

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No

If so, may we inquire of your present employer? Yes No

REFERRAL SOURCE

How did you hear about us? Walk-in Advertisement Referral Other

Have you ever worked for Harper County Community Hospital before? Yes No

Do you know anyone who works for Harper County Community Hospital? Yes No
If yes, who? _____

HARPER COUNTY COMMUNITY HOSPITAL

Application for Employment

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 include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

| | |
|--|--|
| 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 |

| | |
|--|--|
| 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 |

| | |
|--|--|
| 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 |

HARPER COUNTY COMMUNITY HOSPITAL

Application for Employment

References

Give the names of three persons not related to you, whom you have known for at least three (3) years.

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Please read carefully before signing

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for Harper County Community Hospital to hire me. If I am hired, I understand that either Harper County Community Hospital or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Harper County Community has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Harper County Community Hospital true and complete information on this application. No requested information has been concealed. I authorize Harper County Community Hospital to contact references provided for employment reference checks. If any information I have provided is untrue, or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature

Date