HERMANN AREA DISTRICT HOSPITAL
HERMANN, MO 65041

APPLICATION FOR EMPLOYMENT

Position(s) Applied for_____ Date of Application_____

Name_____ email:_____

Address_____

Telephone Number(H)_____(W)_____Social Security Number_____

In Case of Emergency Notify: Name_____Relationship_____Telephone#_____

Referred By:_____Employee ☐ Newspaper ☐ Internet Aol ☐ Walk-In ☐ Other

Referring Employee_____

May we contact you at work? YES☐ NO☐ Work Phone Number_____

Have you ever been employed here? YES☐ NO☐ Date_____
If yes, explain why you left employment at HADH_____

Are you legally eligible for employment in this country? YES☐ NO☐
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired ---- Full Time☐ Part Time☐ Temporary☐ PRN☐
Shift desired--------7A-7P☐ 7P-7A☐ 7A-3P☐ 3P-11P☐ 11P-7A☐ Other☐

Have you ever been bonded? YES☐ NO☐
Have you been arrested for DWI or possesion of controlled substance? YES☐ NO☐
Have you been arrested for a felony ? YES☐ NO☐
If Yes, please explain:

_____

_____

Skills and Qualifications--Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work at the Hermann Area District Hospital.

_____

_____

_____

_____

Has your licence ever been investigated, suspended or revocked?____Yes____No.
If yes, please explain_____

Certification:_____#_____Date_____Exp._____
Certification:_____#_____Date_____Exp._____
License_____#_____State_____Exp._____
License_____#_____State_____Exp._____

EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma Degree	Year Graduated
High School					
Vo-Tech School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

EMPLOYMENT HISTORY

List all previous employers with the most recent employer first. If you need additional sheets, please ask.

Employer	Dates Employed From	To	Job Responsibilities	May we contact Yes	No
Address					
Telephone Number(s)	Hourly Rate/Salary Starting	Final			
Job Title					
Reason for Leaving					

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Address			
Telephone Number(s)	Hourly Rate/Salary Starting	Final	
Job Title			
Reason for Leaving			

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Address			
Telephone Number(s)	Hourly Rate/Salary Starting	Final	
Job Title			
Reason for Leaving			

PLEASE, explain any time periods for which you were not employed:_____

_____

REFERENCES

LIST AT LEAST 3 REFERENCES WHO ARE NOT RELATIVES THAT YOU HAVE WORKED WITH AND THAT WERE YOUR SUPERVISOR.

NAME AND RELATIONSHIP	TITLE	COMPANY NAME & ADDRESS	TELEPHONE #

PLEASE READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW:

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of the fact on this application may result in my not being hired or dismissed.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so.

_____ _____

Date **Signature**