



Application for Employment

Personal Data								
Last Name	First Name				M.I.	Date of Application		
Address						Home Phone		
City, State, Zip Code						Daytime Phone No.		
Position(s) applied for: 1. _____ 2. _____ 3. _____						Social Security No.		
Have you previously been employed by Millwood Hospital or any of its affiliates? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, location _____ From _____ to _____						Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Work Hours/Shift Preferred Check all that apply	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	PRN <input type="checkbox"/>	Temp. <input type="checkbox"/>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/>	Weekends <input type="checkbox"/>
Overtime may be required from time to time. Will you be able to complete overtime work if required? Yes <input type="checkbox"/> No <input type="checkbox"/> All personnel are employed with the understanding that they have a means of transportation to get to work on time each day and when called in on short notice and will work the schedule assigned to meet the needs of the facility.								
Upon employment, are you able to submit verification of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Upon employment, you will be required to show proof of citizenship or alien registration receipt.								
Have you ever been convicted of or plead nolo contendere/no contest to any criminal offense other than a routine traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: Are you presently charged with any violation of the law other than traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: * A charge or conviction is not an automatic bar to employment. The nature of the conviction or pending charge and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered.								
Have you reviewed a copy of the job description for the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you able to perform the essential functions of the job as described with or without accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>								

Education						
	Name of School	Location	Course of Study (Major)	Did you graduate?	Number of years completed	Degree or Diploma
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>		
College				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business/ Trade/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>		

*All statements made by applicants for employment may be checked for accuracy.

Employment History

(Please complete the following beginning with your most recent position and going back for 10 years including any military service – please account for any breaks in employment on page 3)

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
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Company Name	Dates Employed (Mo/Yr) From To
Address	Telephone ()
City, State, Zip	Hourly/Annual Pay Beginning Ending
Title/Position	Supervisor's Name and Title
Briefly describe your duties:	Person(s) we may contact for reference
Reason for leaving:	

Comments regarding breaks in employment:

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain:

Skills/Training

Special skills you possess or specific training received that are applicable to the positions being applied for:

Professional Registration/Licensure or Certification

Type	State	ID No.	Expiration Date

Other states where formerly or currently registered?

Is your professional license or registration currently suspended or revoked in any state? Yes No

If yes, explain:

Have you ever had a professional license or registration revoked in any state? Yes No

If yes, explain:

Certification

By signing this application, and as an applicant for employment, I understand and certify the following:

- The information given by me in this application is complete and true in all respects. Any omission, misrepresentation or falsification will preclude my application from further consideration. If employed, the subsequent disclosure of any omission, misrepresentation or falsification of information will result in the termination of my employment.
- Millwood Hospital will make all necessary and appropriate investigations to verify the information contained herein. I authorize and consent to my current and former employers, educational institutions and/or persons or organizations named in this application to release information to Millwood Hospital that may be required to make an employment decision.
- Nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Millwood Hospital and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guarantees are binding upon Millwood Hospital unless made in writing.
- If I am offered employment by Millwood Hospital, my employment will be for no definite term and that either I or Millwood Hospital will have the right to terminate the employment relationship at any time, without cause and with or without notice. I also understand that this status can only be altered by a written contract that is specific as to all material terms and is signed by me and the CEO of Millwood Hospital.
- If I am offered employment, an investigative consumer report will be completed for employment purposes as appropriate to the position and upon my written authorization. I will have the right to make a written request for a complete and accurate disclosure.
- If I am offered employment, my employment is conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States and the satisfactory completion of a pre-employment drug screening for substance abuse.
- Any employee handbook or other personnel policies maintained by Millwood Hospital do not constitute an employment contract, but are merely gratuitous statements of Millwood Hospital's current policies.

Applicant Signature

Date

This application will remain active for a period of 90 days.

It is the policy of Millwood Hospital to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability or any other legally protected status as required by federal or state law.

For Millwood Hospital Use Only

Notice/Authorization for Release of Information for Employment Purposes/Investigative Consumer Report

Drug Screening Authorization