

Employment History

Start with your present or last job. Please give complete & accurate employment information.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? ____ Yes ~ No ____
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? ____ Yes ~ No ____
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? ____ Yes ~ No ____

Comments: Include explanation of any gaps in employment.

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer: _____
 Reason: _____

SIGNATURE:

I certify that answers given herein are true and complete.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant:

Date: / /

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Message or Cell Number ()
Have you ever been employed with us before?	Have you ever filed an application with us before?		Social Security #
Are you available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN (as needed)			Pay Expected
Position Desired			Years of Experience?
List other special training or skills (languages, machine operation, etc.)			When will you be available to begin work? ____/____/____

Employee Screening Procedures (DEA, 21CFR 1301.90)

Due to the nature of the position I am applying, I, _____, authorize Eureka Springs Hospital's appointed representative to make inquiries to law enforcement agencies and courts for possible pending charges or convictions. I understand that any false information or omission of information will jeopardize my position with respect to employment. I understand that the information furnished or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of my qualifications. I further understand that the maintaining of fair employment practices, the protection of my right to privacy, and the results of these inquiries will be treated by the employer in confidence.

Signature

Date

Within the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor, or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses, or military convictions, except by general court martial.) If the answer is YES, furnish details of conviction, offense, location, date, and sentence. _____

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician? If the answer is YES, furnish details. _____

School	Name & Location of School	Course of Study	# of Years Completed	Did you Graduate	Degree or Diploma
High School					
Graduate					
College					
Business/Trade/Technical					

Military ~ Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations (exclude those which may disclose your race, color, religion or national origin)
